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# Today

Volume 26, Number 2 Winter 1998

# A Decade of Progress

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Today

Volume 26, Number 2 Winter 1998

## Introduction

When Dr. Francis J. Tedesco assumed the Presidency of the Medical College of Georgia in 1988, he reflected that his new role was coinciding with daughter Jennifer's initiation into adolescence. She was 13 at the time, and her parents were excitedly anticipating her entry into adulthood.

In the 10 years that have passed, Jennifer has gracefully crossed that threshold. Today, she is an intelligent, vivacious art student at the University of Georgia.

MCG, too, has matured dramatically in the past 10 years. New buildings, world-class research, a Children's Medical Center and an extraordinary student body all characterize Georgia's health sciences university. Dr. Tedesco reflects on his 10 years in office in this edition of *Medical College of Georgia Today,* emphasizing that the university's enormous success reflects the hard work and commitment of the entire MCG community.

Read also about MCG's endowment—its investment in the future. The numbers tell it all: The past 10 years have seen unprecedented growth in donations to MCG. People and businesses understand as never before the wisdom and necessity of investing in MCG's future. One of those people—George Weiss, the most generous individual MCG benefactor in the history of the university—also is featured in the magazine.

Indeed, all those featured in this edition of the magazine have demonstrated a profound commitment to the Medical College of Georgia. We hope you find their stories inspiring.

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# A Decade of Progress

1988 • 1989 • 1990 • 1991 • 1992 • 1993 • 1994 • 1995 • 1996 • 1997 • 1998

On a recent Tuesday, the President of the Medical College of Georgia slips quietly into a back-row seat of MCG's Auditoria Center as faculty, undergraduate college advisors and community members discuss minority enrollment at MCG. The discussion is candid and intense; all in attendance feel strongly that MCG's student body should be as ethnically and racially diverse as possible.

So why is MCG President Francis J. Tedesco, wearing a conservative dark suit and his trademark salt-and-pepper beard, sitting inconspicuously in the back of the room, listening attentively but scarcely uttering a word? Shouldn't his role place him front and center, commanding the attention of the others and steering the discussion as he sees fit?

His title might suggest such pomp, but pomp has never been Dr. Tedesco's style. During his 10 years at the helm of Georgia's health sciences university, Dr. Tedesco (Fran to most) hasn't lost sight of the fact that listening is more illuminating than talking.

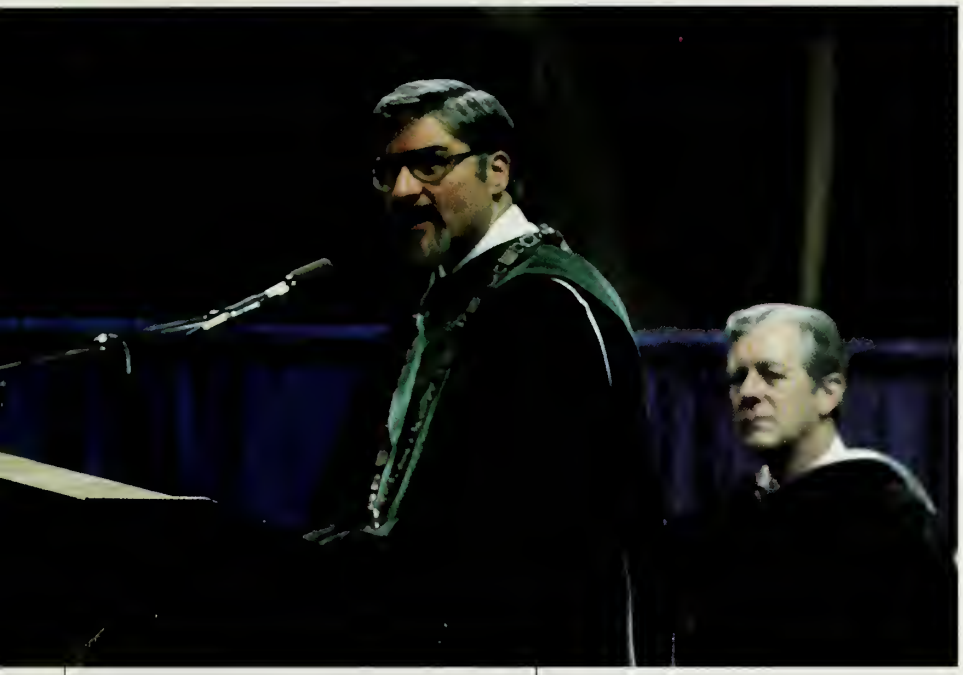
He's also intuitive enough to know that people appreciate being heard, and he has no shortage of empathy—a quality he likely picked up from his large and loving Italian family of origin. He knows much of his staff, both faculty and non-faculty, by name and treats them with the same respect and straightforwardness he accords the Governor or state legislators. He routinely stops by the hospital to offer best wishes to hospitalized staff members or their loved ones.

"Employees talk about how friendly and kind he is when they run into him on campus," said Dr. Tedesco's Administrative Assistant, Kaye Ward. "He remembers who they are and what they do."

He is warm and congenial, unbuffered by layers of personnel. Need to reach him? Pick up the phone or drop him an e-mail. You'll likely deal with him directly, and promptly. "He's usually in the office by at least 6:30 a.m., often earlier, and nothing ever lays on his desk. He gives everything a lot of thought and serious consideration, but he doesn't like to hold anyone up," said Ms. Ward.

His schedule is always full, but he somehow makes himself available virtually any time he's needed. Meetings of faculty, staff, regents, alumni, students, legislators and community members all consume his time, but he never appears hurried. If he has another appointment to rush to, he offers no clue—no surreptitious glances at his watch; no tell-tale yawns hinting at a very long day. If Dr. Tedesco is in attendance, you have his full attention.

But make no mistake: charm and manners notwithstanding, Dr. Tedesco is a man with a mission. He wants the Medical College of Georgia to be a pre-



***Dr. Tedesco's inauguration***

eminent health sciences university, and every decision is rooted firmly in that goal. He'd like everybody to love all his decisions, but if they don't, that's OK, too.

"You have to be open to diverse opinions, sort through those and determine what will work best for your institution," said Dr. Tedesco, who served as MCG Chief of the Section of Gastroenterology, Vice President for Clinical Affairs and Dean of the School of Medicine before being named President. "You have to accept that you're not going to make everyone happy. If you waited for everybody to agree, you'd make no progress. We can agree to disagree and still respect each other." His voice, soft but firm and determined, speaks volumes with a sparsity of words. When Dr. Tedesco talks, he has something to say. And people listen.

"When Dr. Tedesco assumed the presidency 10 years ago, he articulated his goal to make the university a world-class provider of health sciences education, patient care and biomedical research," said Dr. J. Daniel Hanks, a 1969 graduate of the MCG School of Medicine and President of the MCG Foundation, Inc. "I believe he has worked tirelessly and effectively toward achieving that goal."

MCG Foundation board member Carl Swearingen agrees. "Dr. Tedesco has provided extraordinary leadership and vision to make MCG the preeminent health care institution not only in Georgia but in the Southeast," said Mr. Swearingen, President-Georgia of BellSouth Communications. "His knowledge, experience and sensitivity to the citizens of Georgia will provide the impetus to ensure state-of-the-art health care and cost containment as we enter the 21st century. We are indeed fortunate Dr. Tedesco has provided this leadership and focus for our state."

Indeed, the Medical College of Georgia has changed dramatically in the last 10 years. Buildings on campus have sprung up like blossoms: the Ambulatory Care Center/Specialized Care Center, Interdisciplinary Research Facility and Children's Medical Center have all been built on Dr. Tedesco's watch, and all attesting to his prescience. The Ambulatory Care Center, for instance, opened its doors just in time for a sweeping nationwide move to extensive outpatient care. The Interdisciplinary Research Facility caught the wave of unprecedented genetic and molecular research, enabling MCG to recruit world-class scientists in the field. Georgia Gov. Zell Miller heralded the Children's Medical Center, scheduled for completion this spring, as "a dream that is finally going to come true. This is going to be a very, very special facility. Providing care for our children is a significant statewide function at MCG."

"The campus is totally different; there's just no question about it," Dr. Tedesco said. "I looked at what facilities we needed to create a more contemporary health care facility."

And no detail escaped his attention. "The MCG Alumni Center brought our alumni together, which was very necessary," he said. "And I'm delighted we were able to acquire the [former Sears building, now the MCG Annex], which was very important to our classified employees. We also renovated a lot of space and made it more amenable for small-group education."

But Dr. Tedesco isn't nearly as proud of the bricks and mortar as he is of the progress unfolding within those walls. MCG's Institute of Molecular Medicine and Genetics, Vascular Biology Center and Telemedicine Center are just a few examples of the institution's commitment to cutting-edge expertise. If these initiatives sound esoteric, be assured they have decidedly practical applications—such as understanding disease at its most basic, cellular level, opening doors to better treatments of countless diseases. Likewise, the MCG Telemedicine Center, spearheaded in 1992, enables long-distance patient examination and diagnosis—a boon to the state, particularly its rural and medically underserved areas. The Telemedicine Center has facilitated more than 800 long-distance consultations and patient examinations since its inception in 1992. Recently, MCG took the concept one step further, offering telemedicine hookups in the homes of selected chronically ill patients. "I believe

***Dr. Tedesco with MCG researcher Dr. Jerry J. Buccafusco***

***Ground-breaking of Children's Medical Center***

the electronic house call will be the product that will commercialize telemedicine, and I would expect it to happen very soon," Dr. Tedesco said.

Dr. Tedesco also has applied high technology in education, forging several distance-learning programs throughout Georgia that enable students to earn MCG degrees via interactive electronic instruction without leaving the areas of the state where they live and work.

Indeed, education is Dr. Tedesco's top priority—and his greatest source of professional satisfaction. "Students are what I'm most proud of," he said. "They're the highest-caliber students we've had in the history of the school."

That fact is particularly significant, Dr. Tedesco noted, when considering health care's current state of flux and the prospect of a less lucrative career than previous generations have enjoyed. "One would have predicted that our student applicants and quality would have dropped, but just the opposite has happened. We're seeing people realize that in spite of all the changes, health care is still an excellent career. More of our students are going into health care for the right

***Dr. Tedesco meets with MCG supporters***

reasons: serving and enhancing the well-being of people. What I see from students is the sense that this is a career in which rewards can be measured in means other than dollars, like seeing the look on a mother's face after telling her that her child is going to be OK. Anyone worrying about the future of health care isn't paying attention to the quality of our students."

Admission to MCG has never been more competitive. Consider just a few statistics:

- 1,664 students applied for 180 slots in the School of Medicine's 1997 freshman class, according to Dr. Mary Ella Logan, MCG Associate Dean for Admissions, "and they're certainly one of the strongest academic classes (based on grade point averages and Medical College Admissions test scores) we've ever had."
- MCG dental students ranked 11th in the nation in 1996 based on their performance on Part Two of the American Dental Association National Board Examination.
- MCG School of Allied Health Sciences students had a 96.6 percent pass rate on national board exams in 1996.
- MCG School of Nursing students had a 95 percent pass rate on national board exams in 1996.

MCG is planning a joint building for allied health sciences and nursing, "bringing together two closely aligned schools," Dr. Tedesco said. "That will be a model for the entire state, if not the nation." A Student Wellness Center is also planned.

MCG has several pipeline programs in place to try to reach students, particularly minorities, as early as elementary school to interest them in the health sciences and cultivate their talent.

"We believe in diversity," Dr. Tedesco said. "The data is overwhelming that minority patients are more comfortable seeing minority health care providers. The challenge is to enhance the pipeline. It's doable, but it's not something you can accomplish overnight."

The most pressing challenge in educating MCG students, Dr. Tedesco said, is to continue to provide a large and varied patient base.

"The wave of the future is teaching students in non-hospital settings, and we must do it throughout the state," Dr. Tedesco said.

Certainly, students' research opportunities have never been greater. "We've brought an enormous number of very talented researchers into our community," Dr. Tedesco said. "They've really enhanced our research and educational capabilities."

Gov. Miller agrees. "The Medical College of Georgia has outgrown its name and has become one of the leading health-sciences universities in the country," he said during his 1994 MCG commencement address. "MCG's research has grown in depth and breadth, attracting growing numbers of world-class research scientists to the faculty. This fine institution brings great distinction to the state of Georgia."

This year, Dr. Tedesco bolstered MCG's system of checks and balances to ensure the integrity of the university's research—a response to the biggest blow during Dr. Tedesco's presidency: allegations of two former faculty members' research misconduct. "It's been very demoralizing," he said of the allegations. "It's frustrating when the whole institution is painted with the same brush. Their [alleged] behavior was very aberrant. But we're the ones who uncovered it and reported it. I think when the dust settles, we'll be judged by how we dealt with the problem."

If the stress has taken a toll, you'd never know it. "He's always very even-keeled," said Ms. Ward, his Administrative Assistant. "You never know from him that he's under any pressure."

His pressures include keeping pace with unprecedented changes in health care—including a shift to managed care—and securing the resources to support MCG's missions.

"People traditionally don't think of having to support a state institution," said Dr. Tedesco, noting that MCG Hospital and Clinics is almost completely self-supporting and that the state covers less than a third of the institution's expenses. "To get to the next level, we've had to tap into private support. Once that message came across, the private sector has been very, very supportive."

Dr. James B. Osborne, MCG Vice President for University Advancement, says Dr. Tedesco himself is largely responsible for that support. "Dr. Tedesco is the ultimate ambassador for the Medical College of Georgia," Dr. Osborne said. "He does an excellent job articulating the university's needs and

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helping people understand the wisdom and necessity of investing in MCG's future."

The assets of the MCG Foundation have grown from less than $10 million in 1988 to more than $60 million in 1996-97. These assets include an endowment of more than $36 million, primarily used to recruit world-class scholars. Dr. Tedesco has established 13 endowed chairs, including five Eminent Scholar Chairs.

Such massive community support is mutually beneficial, Dr. Tedesco noted. "MCG is an economic engine in the area," he said. "As MCG thrives, the community will thrive."

Dr. Alva Mayes, a 1956 graduate of the MCG School of Medicine and President of the Alumni Association of the School of Medicine of the Medical College of Georgia, Inc., said Dr. Tedesco has definitely been the right man in the right job at the right time. "He has been very effective, both in visibility throughout the state, with alumni and by lobbying for the school in the state Capitol," Dr. Mayes said. "He's a man of great intellect who is very concerned about the welfare and future of the school. MCG has made tremendous strides under his leadership."

Dr. Tedesco acknowledges that his presidency has consumed "120 percent of my time. But it's been wonderful to see the progress of our students, and I've had the opportunity to meet so many wonderful people throughout the state. All these things make a lot of the other issues pale in comparison."

And he and wife Luann, a former nurse and tireless MCG volunteer, have never lost sight of their number-one priority: their family. Daughter Jennifer is a student at the University of Georgia. "We're very proud of her," Dr. Tedesco said. "We consider ourselves very blessed."

And as proud as he is of MCG, new challenges are always on the horizon. "Our biggest challenge right now is to position ourselves clearly as an educational leader in this changing health care environment. I think we have a head start with leadership in distance-learning," which easily disseminates information not only to MCG students, but to patients and health care providers statewide.

MCG's track record, he said, makes him confident that all goals are attainable. "I think we've achieved almost all the goals we set for the institution," he said. "I don't perceive this as my success story. This is the institution's success story. We've all pulled together." ■

—CHRISTINE HURLEY DERISO

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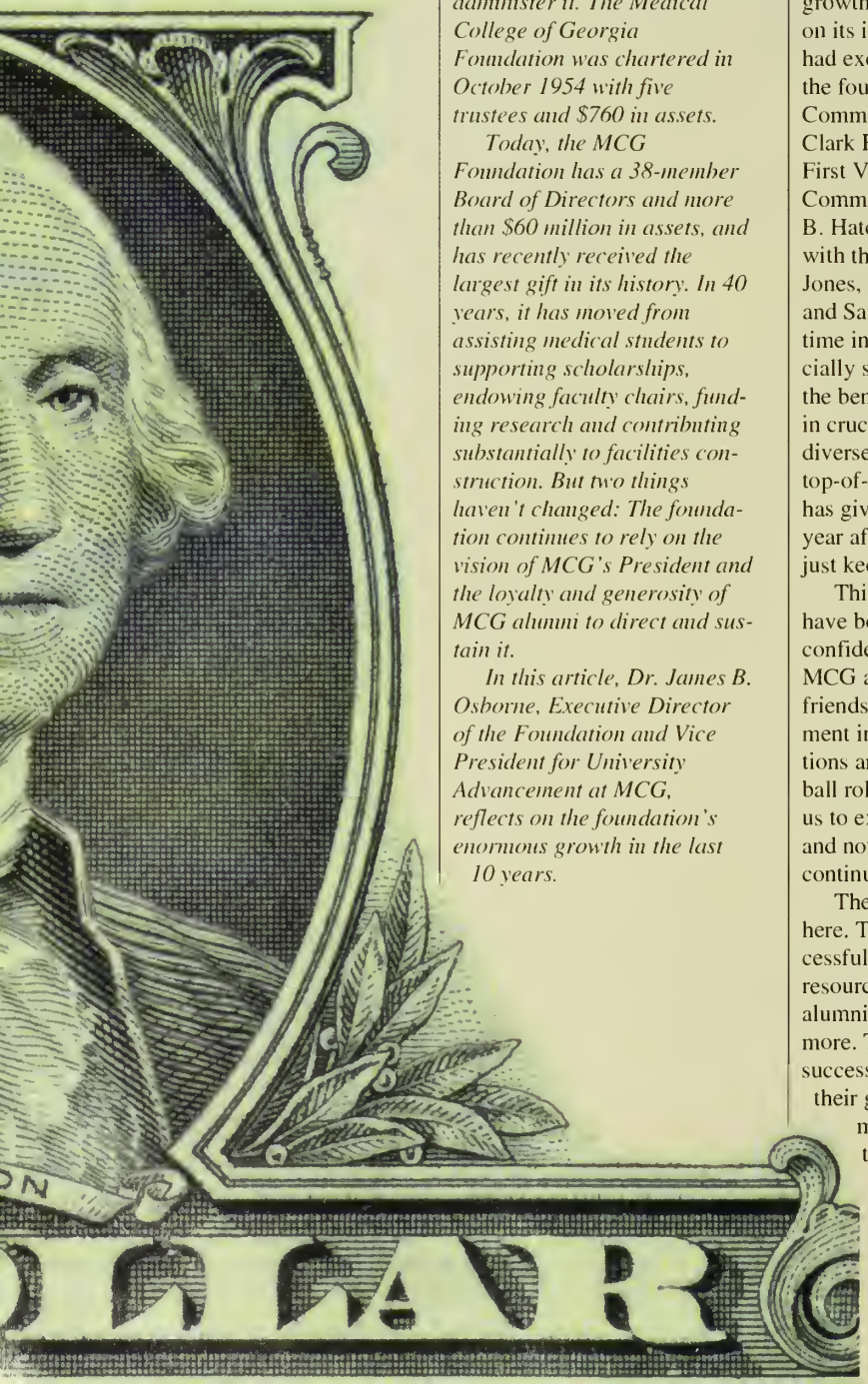
# INVESTING IN

***Editor's note:*** *In these days of globe-spanning megacorporations and instant change, it's hard to believe that a few determined people can shape the future of an institution as complex as a health sciences university. However, that is exactly what happened in March 1954 when several Medical College of Georgia alumni heeded then-President Edgar R. Pund's call to safeguard MCG's future by establishing a permanent endowment and an incorporated foundation to promote and administer it. The Medical College of Georgia Foundation was chartered in October 1954 with five trustees and $760 in assets.*

*Today, the MCG Foundation has a 38-member Board of Directors and more than $60 million in assets, and has recently received the largest gift in its history. In 40 years, it has moved from assisting medical students to supporting scholarships, endowing faculty chairs, funding research and contributing substantially to facilities construction. But two things haven't changed: The foundation continues to rely on the vision of MCG's President and the loyalty and generosity of MCG alumni to direct and sustain it.*

*In this article, Dr. James B. Osborne, Executive Director of the Foundation and Vice President for University Advancement at MCG, reflects on the foundation's enormous growth in the last 10 years.*



The generosity of our alumni and friends, excellent advice and the record-breaking growth of the stock market have all contributed to the foundation's phenomenal success in the last 10 years.

Most of the foundation's growth has come from returns on its investments. We have had exceptional guidance from the foundation's Investment Committee, chaired by Dr. A. Clark Robinson, who is also First Vice President. Committee members Milford B. Hatcher Jr., a tax attorney with the Atlanta law firm of Jones, Day, Reavis and Pogue, and Samuel B. Kellett, a full-time investor, have been especially supportive, bringing us the benefits of their expertise in crucial areas. We have a diverse portfolio managed by top-of-the-line firms, which has given us excellent returns year after year. The foundation just keeps growing.

This success would not have been possible without the confidence and support of MCG alumni and other friends. Their original investment in MCG through donations and bequests started the ball rolling. They positioned us to experience this growth, and now that it's started, they continue to fuel it.

There's a synergy at work here. The foundation's successful stewardship of its resources has inspired MCG alumni and supporters to give more. The market's continued success reassures them that their gifts will have maximum benefit for MCG through growing returns. That confidence has led more donors who planned to support MCG through bequests to make their gifts earlier. We have been receiving larger gifts than ever before.

Most important, however, is that givers believe in MCG's mission and its future. That's why they invest in us. They want the benefits they experienced as students, faculty, staff or patients to continue.

## Communicating a Winning Proposal

It's our job to respond to the President's vision for MCG by encouraging participation of our alumni and other supporters.

One of the foundation's key functions is communication. We keep our alumni and other friends informed about MCG's progress in education, research and health care. We are cheerleaders, too. We spread the word about MCG's achievements, and that information attracts interest and more support.

The foundation is growing because we've done something very simple: We've asked people to support us. We explain what is needed to fulfill MCG's goals, and our sup-

### Medical College
### A Record of Acco

- Completion of the $21 million Interdisciplinary Research Building, funded by private donations, including support from corporations and philanthropic foundations, and without state of Georgia tax appropriations.
- Creation of 13 endowed faculty chairs, including five Eminent Scholar Chairs.
- Growth of MCG Foundation assets from less than $10 million in 1988 to more than $60 million in 1997.

# THE FUTURE

porters have committed resources to help us.

We try to match opportunities for MCG growth with our donors' concerns. We want giving to MCG to be a win-win proposal, so we simplify the giving process and keep potential donors informed of options for giving should they have the opportunity.

We have also appealed to MCG faculty members, who have responded generously: 50 percent of faculty and 26 percent of retired faculty donated to MCG's 1996-97 faculty campaign.

MCG is strong because of its close relations with its alumni, faculty and friends. Part of our job is to maintain those close ties by showing the university's appreciation for their support.

### Growth Presents New Challenges

It's ironic, but success does bring new challenges. The foundation's day-to-day business is much more complicated than it used to be. Our financial transactions have more than doubled over the last few years. We anticipate a small expansion in our staff to accommodate the increase. However, our aim is to handle business efficiently—to work smart while keeping costs low.

As for our overall approach, we need to be optimistic but avoid over-confidence. With so many investments and a growing number of projects to fund, we must not over-commit. The foundation must be flexible to respond to new developments in MCG's education, research and patient-care missions.

At the same time, we must keep in touch with those who have done so much to promote the foundation's growth. Those personal relationships are what set us on this path to begin with.

### Growing Toward the Future

At the 1997 Presidents' Club Recognition Dinner, MCG President Francis J. Tedesco predicted the foundation's assets will reach $100 million by the year 2000. I believe we will meet or exceed this goal.

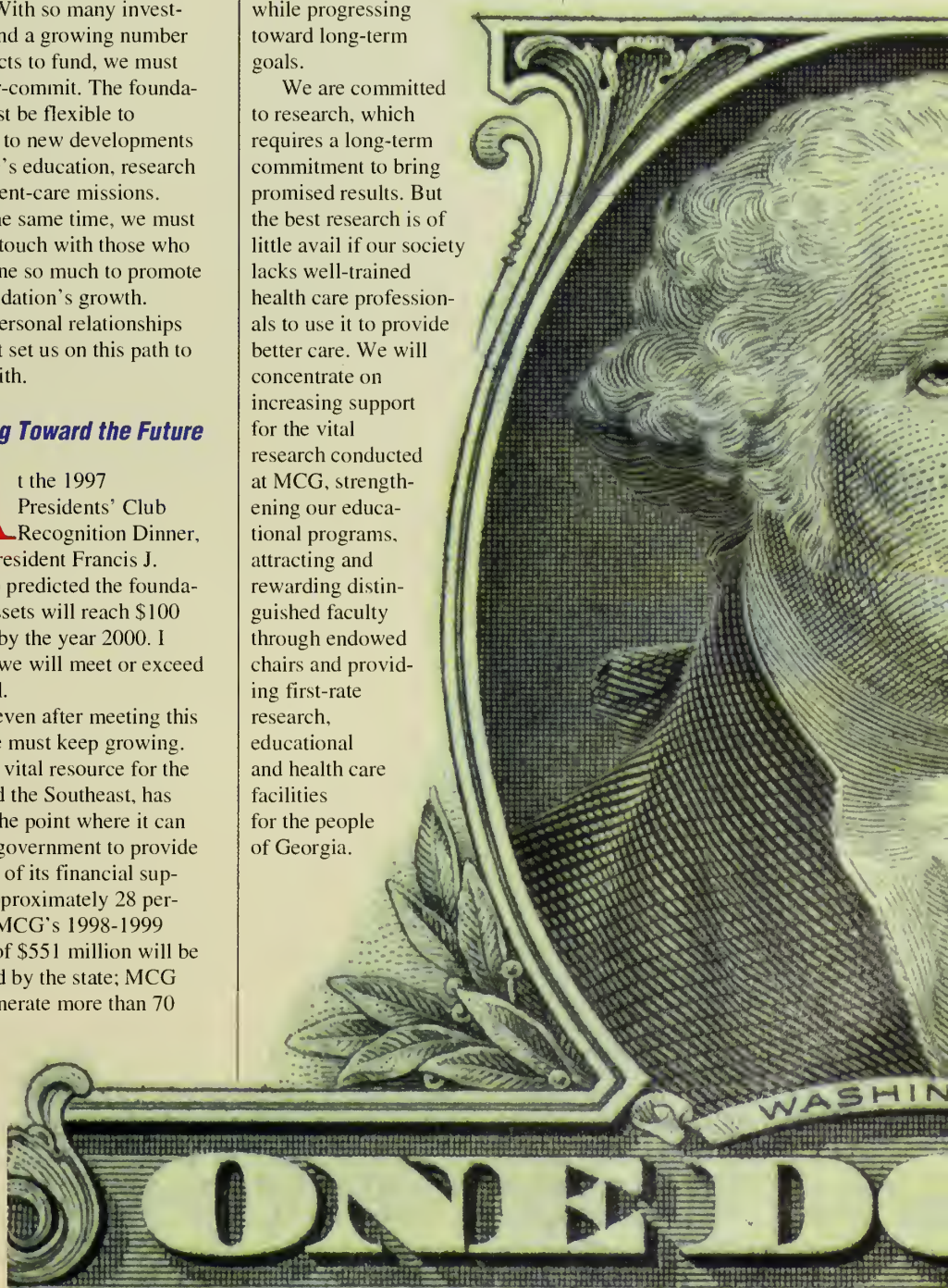
But even after meeting this goal, we must keep growing. MCG, a vital resource for the state and the Southeast, has passed the point where it can look to government to provide the bulk of its financial support. Approximately 28 percent of MCG's 1998-1999 budget of $551 million will be provided by the state; MCG must generate more than 70 percent of its budget.

The age of large government subsidies for research and education may be over, but the need for institutions like MCG continues. The MCG Foundation gives MCG room to respond to rapid developments while progressing toward long-term goals.

We are committed to research, which requires a long-term commitment to bring promised results. But the best research is of little avail if our society lacks well-trained health care professionals to use it to provide better care. We will concentrate on increasing support for the vital research conducted at MCG, strengthening our educational programs, attracting and rewarding distinguished faculty through endowed chairs and providing first-rate research, educational and health care facilities for the people of Georgia.

We must keep doing what we've done well: building mutually beneficial relationships with our alumni and other friends and spreading the word of MCG's achievements and plans for the future.

—DR. JAMES B. OSBORNE




### rgia Foundation: ment, 1988-1998

Growth of the MCG endowment from about $7 million in 1988 to more than $36 million in 1997. Growth of alumni contributions to the Annual Fund from $391,000 in 1988-89 to $975,000 in 1996-1997. Ten consecutive years of record annual income, from $3.4 million in 1988-89 to $13.9 million in 1996-1997, an increase of over 300 percent.

### The Man at the Helm

Few people have a more mutlifaceted view of the Medical College of Georgia than Dr. J. Daniel Hanks Jr.

Dr. Hanks, serving his second term as President of the Medical College of Georgia Foundation, is a 1969 graduate of the MCG School of Medicine. He served as a faculty member in the MCG Department of Radiology from 1975 to 1979 before returning to his home in Rome, Ga., to enter private practice. Dr. Hanks is a lifelong member and board member of the Alumni Association of the School of Medicine of the Medical College of Georgia, Inc. He also serves on the Board of Directors of the Medical Association of Georgia.

Such a broad vantage point gives him a unique perspective regarding the challenges facing his profession and his alma mater. It also gives him a thorough appreciation of MCG President Francis J. Tedesco's achievement in promoting MCG and the MCG Foundation's continued growth in turbulent times. "Early, Dr. Tedesco understood that an expanded relationship with the alumni, businesses, legislature, foundations and citizens of Georgia was mandatory for MCG's survival. MCG cannot survive in the future without private money to supplement the state's financial contribution," Dr. Hanks said. "A large portion of the increase in MCG Foundation assets is due to his personal involvement and solicitation."

Dr. Tedesco's close communication with MCG alumni has particularly promoted MCG's continued strength. "He attends almost all alumni meetings in the state. No other MCG President has come as far as my area in northwest Georgia to meet with alumni on a routine basis. The alumni have responded with greater involvement, both personally and financially, and alumni donations continue to increase in spite of difficult financial times in the field of medicine."

Dr. Tedesco's efforts to educate the Georgia business community and foundations about MCG's significance to the state have drawn praise and support. "No other President of MCG has been listed as one of *Georgia Trend* magazine's 100 most influential Georgians. And support from individual private donors, private corporations and foundations such as the Woodruff Foundation, the Callaway Foundation and the Bradley Turner Foundation has increased far beyond previous levels."

The support Dr. Tedesco has enlisted from alumni, businesses and foundations has been bolstered by a strong relationship with the state legislature. "Dr. Tedesco has been extremely effective in advocating and discussing with the legislature the Board of Regents' priorities for MCG. As a private practitioner and a board member of the Medical Association of Georgia, I often discuss medical issues with several state legislators, and they have often directed positive comments to me about Dr. Tedesco."

Dr. Hanks also has personal experience of Dr. Tedesco's tireless efforts to communicate MCG's importance to the general public. "In an attempt to heighten the public's awareness of MCG and its mission in other areas of Georgia, I arranged interviews for Dr. Tedesco at the local newspaper and one of the local radio stations in Rome. He appreciated the opportunity to discuss MCG and was an effective speaker."

MCG's continued challenges and Dr. Tedesco's role in meeting those challenges have recently led Dr. Hanks to read *The History of the Medical College of Georgia* (The University of Georgia Press, 1987) by Phinizy Spalding, recollect his experiences as an MCG student and faculty member and consider the demands faced by MCG Presidents through the years. "MCG has been lucky to have many fine leaders," he said. "However, I think none has done more to enhance MCG's statewide reputation and relationships than Dr. Tedesco; and, in today's world, it is difficult to overestimate the importance of these factors." ■

—SUSAN YARBOROUGH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# AlumNews

## MCG Preparing for Semester Conversion

*Christine Hurley Deriso*

The Medical College of Georgia campus will have a distinctly different feel next year. For one thing, fall will begin earlier.

No, the calendar hasn't changed, but fall 1998 will mark the conversion of MCG, along with other University System of Georgia schools, from a quarter system to a semester system.

Fall semester will run from mid-August to mid-December. Spring semester will follow, running from early January through May. Summer semester will run from May through mid-August, "giving MCG students as long a term as possible in which to enroll in and accomplish clinical portions of the curriculum," said David Tucker, MCG Director of Enrollment Management.

Holidays will continue to coincide with the calendar, and MCG will observe spring break the first full week of April. Student records and costs will not be affected by the conversion.

The university system's conversion to the semester system reflects a national trend, Mr. Tucker said. "As institutions operating on the semester system, we will have academic calendars which more closely correlate with [most] academic calendars throughout the United States," he said. He noted that "many students and faculty feel that longer semester terms will provide a better academic experience.... [They] will have more time to develop ideas, papers or research."

Dr. Biagio Vericella, Dean of the MCG School of Allied Health Sciences, said he welcomes several of the changes that will accompany the conversion. "Better relating to major universities within and without Georgia is a plus," he said.

He and his staff also seized the opportunity to make curriculum changes. "The concept has given us an opportunity to completely review our entire curriculum and propose some very positive changes." For instance, the school will devote Wednesday afternoons during fall and spring semesters to multidisciplinary courses such as ethics, statistics, gerontology and home health. Also, clinical rotations will extend to six, eight and 12 weeks, "which is more uniform in length and credit hours," Dr. Vericella said.

Dr. Vickie A. Lambert, Dean of the MCG School of Nursing, is gratified that the conversion will enable longer clinical experiences. "Many nursing faculty are familiar with a semester system and believe that once we all become used to semesters, we will find that our clinical experiences are enhanced," she said. Also, "the faculty has risen to the occasion and made semester conversion an opportunity to completely redesign all of the tracks within each of our curricula."

The School of Medicine also will introduce significant curriculum changes when the semester system begins. When the conversion was announced, the school had anticipated the change and was significantly revising the first two phases of medical school with a semester system in mind, said Dr. Susan Porterfield, Associate Dean for Curriculum in the MCG School of Medicine. "The semester schedule has provided us with more flexibility," she said. "We have used the curricular changes necessitated by the semester conversion to lengthen the school year for first- and second-year students, decreasing the density of the curriculum. I am personally very enthusiastic about adopting the semester system and think it will significantly improve management and organization of the medical curriculum."

***MCG student Mary Kim checks mailbox during fall quarter. Next fall, MCG converts to a semester system.***

Nevertheless, conversion to the semester system has been a significant undertaking, particularly in light of the special needs of health sciences students. For instance, "the semester system, with an earlier graduation date, will decrease the length of the medical school's curriculum by a month," Dr. Porterfield said. "This time cannot be retrieved earlier in the curriculum because of the timing of medical licensing exams."

Dr. Vericella said that the conversion "has everyone a little anxious, but that's natural considering the breadth of the change, especially since [allied health] has 30 programs, not one or two. But the tireless efforts of the faculty are contributing immensely to as smooth a transition as possible."

Dr. Lambert agreed. "We are confident that things will go well with the implementation process. There will be some difficulties, but considering the complexity of a semester conversion, we all have to expect the unexpected."

For more information about the semester conversion, visit the semester conversion category of the Students and Admissions section of MCG's home page on the Internet. ■

# OT's Techniques Offer Lifeline for Vestibular Patients

*Christine Hurley Deriso*

Gaye Cronin never realized how much she relished being an occupational therapist until she was told her career was over.

It was the freakiest of freak accidents that threatened her livelihood. One day in 1987, while working as an occupational therapist at Emory University Hospital in Atlanta, she bent down to assist a wheelchair-bound muscular dystrophy patient. A tire of the wheelchair exploded; Ms. Cronin's head was six inches from the tire at the time. "It knocked me out. When I got my bearings, the room was spinning and I couldn't hear. It was so scary because I was out of control."

She sustained an ear concussion, and even after surgery, the damage to her inner ear left her dizzy and unbalanced. "My doctor told me I was disabled and couldn't go back to doing rehab," recalls Ms. Cronin, who earned a bachelor's degree in occupational therapy from the Medical College of Georgia in 1979 and a master's degree in health education in 1984.

But Ms. Cronin couldn't accept her doctor's prognosis. She began drawing on her occupational therapy training, plus her own instincts and ingenuity, to refine exercises to enhance her balance. The exercises focused on vision, muscles and joints and the vestibular system (inner ear), all of which affect movement and balance.

As Ms. Cronin notes in a brochure, "When you have an inner ear disorder, your brain cannot rely on the information it receives from the vestibular system. As a result, you may become overly dependent on your vision or on the information received from your muscle and joints to maintain correct posture and balance."

But such compensatory measures ultimately make the situation worse. "Unfortunately, these types of adaption are stressful both physically and mentally," Ms. Cronin writes in her brochure. "The result may be headache, neckache, muscle stiffness and generalized fatigue. Your energy level will decrease, and you will tire easily. You will have a great deal of difficulty relaxing. And perhaps worst of all, these attempts to deal with your symptoms will actually decrease your ability to adjust to your vestibular problem and will ultimately make your symptoms much worse."

Ms. Cronin discovered that the exercises she used, which actually provoked her dizziness and thus forced her system to deal with it, enhanced her balance and eased her overall symptoms dramatically. "The exercises stimulate systems to get your brain back in charge," she explains.

She was thrilled—and two months after the accident, she was back at work feeling wonderful and inspired. She wanted to share the techniques with the world. She signed on with the Atlanta Ear Clinic as Director of its Vestibular Rehabilitation, Sensory Integration and Physical Rehabilitation Programs. She also opened a business with her stockbroker husband, Charlie, called RehabSource Inc. to provide rehabilitative services and teach her tried-and-true techniques to other health care professionals.

She's busy but enormously fulfilled. Consider, for example, the neatly written note she recently received from an 8-year-old patient. The patient thanked Ms. Cronin for helping her overcome her vestibular disorder, which was so debilitating that the child couldn't write. After receiving therapy from Ms. Cronin, she was doing beautifully in school.

Ms. Cronin feels a tremendous investment in helping her patients. "I really can empathize; [my illness] was the worst thing I've ever been through," she says. "My personal and professional goal is to educate physicians about this."

She notes that more than 90 million adult Americans have balance problems and that many suffer needlessly. "There are so many people out there suffering who aren't being helped," she says. "This is a way to help them rather than telling them to live with it."

She uses seminars, workshops, journal articles and her own practice to spread the word that often after about eight or 10 balance-enhancing sessions, with a commitment to continuing the exercises at home, the patients are close to symptom-free. "These patients tend to get better," she says. "We've had patients with vertigo for 30 years [whose symptoms are finally relieved]."

Ms. Cronin says her MCG education helped her enormously; for instance, she received an extensive foundation in anatomy and physiology, both of which are vital to the techniques she uses. "You have to be careful because you're dealing with the neck up," she notes.

She says with a laugh that she and her husband sometimes need a break from their joint passion. "My husband and I have to have times when we go out to dinner and say, 'Nope, we're not going to talk about work.'"

But for the most part, she says, her work is truly a labor of love. "I really enjoy working with patients—helping them get better and have a better quality of life," Ms. Cronin says. "I think I've found my niche." ■

***Gaye Cronin (third from left) accepting school's 1996 Distinguished Alumna Award***

# Alum Helps Keep Medical Offices Humming

*Christine Hurley Deriso*

Those who dream of becoming a physician probably don't envision mounds of complicated paper work and the minutiae associated with running an efficient business.

But these seemingly mundane tasks are almost as vital to a practice as good medical care. A Medical College of Georgia School of Allied Health Sciences alumna has devoted her career to helping health care professionals navigate the part of a practice that they likely never dreamed about—and probably weren't trained for.

Melissa P. Beaver, a 1975 graduate of MCG's Department of Medical Record Administration (now Health Information Management), runs an Augusta business with her husband, Kim, called Practice Resources to help medical offices run as smoothly and cost-efficiently as possible.

The service is particularly timely, considering the intricacies of health insurance – particularly managed care, Medicare and Medicaid. Ms. Beaver and her husband, an expert in business and accounting, help physicians stay abreast of insurance regulations, maintain paper work efficiently and otherwise keep things humming.

"If a doctor is an excellent physician, seeing a lot of patients, he really doesn't have time to go through a lot of computer printouts," said Ms. Beaver. But the information on those printouts is highly significant. For instance, to be fairly reimbursed for services, diagnoses and treatment plans must be meticulously matched to codes.

"We make sure the entire staff is doing what it should be doing to see that the physician gets proper reimbursement," Ms. Beaver said.

***Melissa Beaver***

"It is so complicated keeping up with every bit of a patient's [insurance] plan. Every plan is different. For instance, some insurance companies pay for sonograms and some don't. We try to be educators—to keep up and keep the staffs informed."

She and her husband also evaluate and determine the cost-efficiency of potential contracts – for instance, managed-care contracts. About 13 percent of Augustans belong to health maintenance organizations, which typically steer their clients toward their affiliated physicians. "The physicians who will succeed are saying, 'Yes, managed care is here, and I have to learn how to deal with it. I'm going to move where the market moves,'" Ms. Beaver said.

She and her husband also help medical office staffs fine-tune more basic details, such as keeping patient appointments on schedule. "Our clients all pretty much have the same needs: processing patients appropriately and treating them with respect. Patients sense how they're treated in the office: Was the staff nice to them? Was the billing handled efficiently? Was it a good experience? A lot of people skills are needed to run a medical office."

She said her medical background perfectly complements her husband's business and accounting expertise. And she's grateful her MCG education enabled her to establish such a fulfilling career.

"You can do just about anything in this field—work for [certified public accountants, hospitals, health maintenance organizations—there are just so many opportunities for this skill set. We have the perfect blend of business, computer and medical training," she said.

Carol Campbell, Associate Professor of Health Information Management at MCG, notes that 47,000 medical records technicians are projected to be needed by 2005, along with 18,000 other health information professionals. She concurs with Ms. Beaver that the career opportunities are vast.

Consider, for instance, the diverse course Ms. Beaver's career has taken: after graduating from MCG in 1975, she oversaw the tumor registry at MCG, then joined Augusta Regional Medical Center (now Columbia Augusta Medical Center) as Medical Record Director. There, she compiled patient information and helped the staff obtain journal articles and other information pertinent to their practice. In 1987, she joined her husband at Practice Resources.

"I couldn't do what I do without the background MCG's program gave me," she said.

For more information about MCG's Department of Health Information Management, call Ms. Campbell, who also serves as Georgia's State Health Information Advisor for Professional and Educational Recruitment by the American Health Information Management Association, at ext. 1-3436. ■

# P.T. Dept. Named Top-40 Team

*Susan Yarborough*

The Department of Physical Therapy's class of 1998 has been named one of the top 40 teams for Walk America, a walkathon benefiting the March of Dimes.

The class fielded 19 members for the April 26 event, which drew more than 3,000 walkers and raised more than $125,000. Walkathon teams were asked to raise $500 for March of Dimes, but the MCG class raised more than $1,000 through a car wash, candy sales and donations. Team leader Angie Skarsaune received the news in a letter from the Walk America organization praising their team.

The class of '98 will be the first graduates of MCG's new master of physical therapy program. ■

# Lost Alumni

The MCG Office of Alumni Affairs is trying to get back in touch with several "lost" School of Allied Health Sciences alumni and will regularly publish a list of several of them. If you have any information about their whereabouts, please contact the office toll-free at 1-800-869-1113 or, locally, 721-4001.

Linda G. Burdette
Mary W. Burgess
Judy Burns
Patricia E. Burns
Sharon M. Burruss
Elliott P. Butler
Susan H. Butler
Deborah L. Bynum
Denise L. Byrnes
Donna B. Cain
Cynthia L. Cain
William R. Caldwell
Emily W. Caldwell
Ellen S. Campbell
Toni R. Campbell ■

## Farming Background Instills Strong Work Ethic in Alumnus

*Christine Hurley Deriso*

Dr. Isaac Hadley's career goal as a child was partly a process of elimination. He knew that he didn't want to be a farmer.

Dr. Hadley, a 1974 graduate of the Medical College of Georgia School of Dentistry and the school's 1996 Distinguished Alumnus, grew up on a farm in Thomasville, Ga., with his 14 siblings.

"We thought it was hard having to get up and go to work [on the farm] before we went to school, then having to go back to work right after school," Dr. Hadley said.

But although he knew he didn't want farming to be a lifelong pursuit, he has no complaints. "Farm work made men and women out of us; it made us strong," he said. "I believe in the work ethic." And his parents always stressed education; several of the children, including himself, of course, went on to earn doctorates.

Dr. Hadley had no particular passion for dentistry until his senior year in undergraduate school at Morris Brown College in Atlanta. He was majoring in chemistry and mathematics, planning to become an astronaut, when an MCG recruiter changed his mind.

"He said something that made sense: 'Even after you get your Ph.D. in chemistry, you'll still be working for someone else. If you go into dentistry, you can work for yourself.'"

Dr. Hadley was hooked; he loved the idea of being his own boss while pursuing his love of science. He enrolled at MCG, embarking on one of the most challenging periods of his life.

"Dental school was tough," he said, laughing that nothing about farm work prepared him for dissecting the nerves, veins and arteries of cadavers. "The most complicated part of the anatomy is from the neck up. There's more to dentistry than teeth."

After earning his dental degree, Dr. Hadley served in the U.S. Army Dental Corps for two years, then opened a general dentistry practice in Columbus, Ga. "I served my second year in the Army at Fort Benning (near Columbus)," he said. "I got involved in the community and decided to make it my home." Shortly after hanging his shingle, he met Dr. Linda Upshaw, an economist. The two married and committed themselves to their community and family; their two daughters, Adrienne and Christina, are age 15 and 13.

Today, Dr. Hadley's practice serves about 2,000 patients. "Some dentists advertise, but I never got into that. I think the best advertisement is a satisfied patient," he said.

He counsels up-and-coming dentists to practice in underserved areas if possible; many of his patients come from less-than-affluent areas of Columbus. "My least favorite part of dentistry is being unable to give patients exactly what they should have because they can't afford it," he said, noting that patients have the ultimate say in their treatment and sometimes direct him to pull a tooth rather than perform a root canal. But he gives them the best service he can and is heartened that teeth in general are much healthier than they were a generation ago, thanks to fluoridated water and better dental hygiene. "Health care providers have gotten better, and they take the time to teach oral hygiene," he said.

His wife laughs that he spends about 20 minutes flossing and brushing and prompts his children to do the same.

Dr. Hadley, who was named the Columbus Men's Progressive Club 1996 Man of the Year and was the 1996 Director of the Columbus Chamber of Commerce, is serving his second five-year term on the Georgia Board of Dentistry. The board, appointed by the Governor, administers the state licensing exam for dental graduates. "The purpose is to protect the public," Dr. Hadley said. "We make sure the public gets the best dental care available, and we make sure that when dental students finish school, they're able to do certain things. There are certain basic things all dentists should know."

Dr.Hadley concedes that his schedule keeps him busy; he's considering adding an associate to his practice. But his wife knows him well enough to predict that he'll stay plenty busy, regardless of how much help he has. "Our family just got back from a 14-day guided tour of Europe," she said. "It's the first two-week vacation he's taken." ■

## Study Indicates Halo Phenomenon

*Carole Jones Smith*

The teeth of children whose home water is unfluoridated are remarkably similar to those of children with fluoridated home water, according to a Medical College of Georgia study.

"In the last seven or eight years, there has been an interest in what is called the fluoride diffusion phenomenon, or halo phenomenon, which essentially is an occurrence where people who live in rural areas that don't have fluoride in the water, or limited exposure to fluoride, are probably exposed to as much fluoride as those who live in town with a fluoridated water supply," said Dr. Steven M. Adair, Professor and Chairman of Pediatric Dentistry.

Conducted in Warren County, Ga., with 145 elementary students and 55 middle-school students, the study measured dental caries, fluorosis prevalence (overexposure to fluoride), salivary fluoride concentration and plaque fluoride concentration. Two-thirds of the middle-school students and more than one-half of the elementary school students received fluoridated drinking water at home.

"The study was remarkable because of the lack of striking differences between the two groups," said Dr. Adair.

The study indicated the amount of dental caries was unrelated to the home water fluoride level, although there were slightly fewer dental cavities in children from fluoridated homes. Children with fluorosis, particularly those in middle school, tended to have few cavities, suggesting slight overexposure to fluoride may have a protective benefit, Dr. Adair said.

"It was interesting that the fluorosis prevalence of middle-school students with non-fluoridated home water was half [that of] their counterparts with fluoridated home water, " said Dr. Adair. "But the fluorosis prevalence in the elementary-school subgroups was about equal."

Saliva samples exhibited lower fluoride levels in middle-school students with non-fluoridated home water than in students with home fluoridated water. This suggests that salivary fluoride concentration may be a marker for long-term fluoride exposure. However, elementary school students with non-fluoridated home water had salivary fluoride levels comparable to students with fluoridated home water.

The plaque fluoride levels in middle-school students with non-fluoridated home water inexplicably was significantly higher than in those with fluoridated home water.

"This was likely due in part to the wide variability in plaque fluoride analyses," said Dr. Adair. "It may also be an indication that recent fluoride exposure is about the same in all participants regardless of their home water fluoride status."

The fluoride diffusion phenomenon was more pronounced in elementary-school students than in middle-school students, but no statistically significant differences were seen in the amount of dental caries, fluoride saliva or fluoride plaque levels between the two groups.

"This study provides only indirect evidence of a fluoride diffusion effect," said Dr. Adair, noting that, for instance, the county's water fluoride level is inconsistent, possibly skewing test results. "More work is needed to determine the role it plays in diminishing differences between residents of fluoridated and non-fluoridated communities."

The study, which Dr. Adair conducted with MCG colleagues Dr. Carole M. Hanes, Professor of Pediatric Dentistry; Dr. Gary M. Whitford, Regents' Professor of Oral Biology; and Dr. Carl M. Russell, Associate Professor of Oral Diagnosis and Patient Services, recently won fourth place in a research competition sponsored by the American Academy of Pediatric Dentistry Foundation. ■

## Dental Students Honored

The Medical College of Georgia School of Dentistry presented several student awards during its annual Welcome Back Assembly Aug. 27. The awards and their recipients are:

- Omicron Kappa Upsilon Certificates of Achievement for rising juniors: Kavreet Bath, Marta Anne Bertz, Catherine Tinsley Choate, William James Cline, Brian Clark Hodges, Vinh Phoc Huynh, Seth Michael Patt, Brian Andrew Smith, Melissa Suzanne Thomas and Rebecca Lou Wolfe.
- William S. Kramer Award for a rising junior: Vinh Phoc Huynh.
- Emile T. Fisher Omicron Kappa Upsilon Scholarships for rising seniors: Susan Hae-Kyung Lee and John Wasdin.
- Ralph V. McKinney Memorial Omicron Kappa Upsilon Scholarship for a rising senior: Amy Carol Cates.
- Omicron Kappa Upsilon Certificate of Recognition for the rising sophomore with the highest grade point average: Douglas William Head.
- Omicron Kappa Upsilon Certificate of Recognition for the seniors who scored highest on part I of the National Boards as a junior: Susan Hae-Kyung Lee and John Wasdin.
- Dorothy C. Hearn Memorial Scholarship (DOLLY Award): John Wasdin.
- School of Dentistry Alumni Association Scholarship: Polly Ann Thompson.
- Grover C. Hunter Scholarships: Chris Campbell, Tinsley Choate, Charles Dameron, Kurtis Davis, Kimberly Edwards, Brian Hodges, Kara Keel, Tom Lewis, Chris Muldovan, Brian Smith, Jason Stevens and Becky Wolfe.
- Georgia Dental Education Foundation Dentistry Scholarships: Chris Anderson, Richard Bennett, Amy Cates, Jimmy Cline, Tina Hembree, Kim Jackson, John Kuo, Cristi Lanier, Susan Lee, Seth Patt, Larry Payne, Dwight Riley and Jason Turner.
- Georgia Dental Education Foundation Dental Hygiene Scholarship: Betsy Barden and Jennifer Cook.
- Emile T. Fisher Scholarships: Ronnie Davidson, Kimberly Garwood, Lori Graham, Brent Nail and Samuel Worthington.
- Semon Eisenberg Scholarship: Vinh Huynh.
- Southwestern District Dental Society Scholarship: Barclay Woodward.
- Dental Faculty Scholarships: Ritu Bath, Doug Head, Vinh Huynh, John Wasdin and Samuel Worthington.
- Willis J. Walker Jr. Scholarship: Bridget Thompson.
- Bertha S. Galin Scholarship: Craig Widener.
- Regents Scholarship: Christopher Harris.
- President's Scholarship: Pinkney Gilchrist.
- Pierre Fauchard Academy Scholarship: Richard Bennett. ■

***Parents of deceased MCG School of Dentistry student Dorothy C. Hearn present Dorothy C. Hearn Memorial Scholarship to John Wasdin***

## Dental Students Urged to Maintain Enthusiasm

*Christine Hurley Deriso*

The revolutionary changes in dentistry over the past 30 years will pale in comparison to those of the next generation, according to Dr. Alston J. McCaslin, Vice President of the American College of Dentists.

"The practice of dentistry has changed unbelievably during the past 30 years," said Dr. McCaslin, a pediatric dentist and guest speaker during the Medical College of Georgia School of Dentistry's Welcome Back Assembly for dental students and faculty Aug. 27. "But in the next 30 years, the profession will change far more for

***Dr. Alston J. McCaslin***

you than it has for me in the past 30 years."

For instance, most dental expenses are currently paid out of the patient's pocket. But managed care, already ubiquitous in the medical profession, is the wave of the future. "You may all have to participate in some form of managed care," Dr. McCaslin said. "But choose your contracts carefully."

Tomorrow's dentists also will have the best-educated patients ever. "The public has become much more knowledgeable," Dr. McCaslin said. "They ask more questions and expect more from the services you provide."

He urged the students to concentrate not just on technical skills, but on ethics and integrity. "Your patients will not know how good your hands are; they will be trusting you," he said. "They will evaluate your practice by how you communicate, the cleanliness of your office and your concern for their well-being. Ethics and professionalism are the most important attributes of a dentist."

He urged the students to become involved in organized dentistry. "If you participate in a dental organization, you can be a part of the self-government of your profession," he said.

Today's dentists are particularly fortunate because of the technological advancements enhancing the profession, he said. For instance, "dental sealants are approaching fluoride in their success and cost-effectiveness in preventing caries," he said.

Dr. McCaslin challenged the students to maintain their enthusiasm for dentistry. "The past 30 years have exceeded my wildest expectations," he said. "I still love going to the office every day. I envy you and honor you for your accomplishments."

The annual Welcome Back Assembly is co-sponsored by the School of Dentistry Alumni Association and the Kappa Lambda chapter of Omicron Kappa Upsilon, the national dental academic honor society. ■

## Link Between Diabetes, Gum Disease Studied

*Christine Hurley Deriso*

A relatively high incidence of gum disease among patients with diabetes has prompted a Medical College of Georgia researcher to study a possible link between the two conditions.

Dr. Sid Stein, Associate Professor in the MCG Departments of Periodontics and Oral Biology, thinks a hyperactive autoimmune response—the body's faulty attack on its own tissues—may account for some cases of gum, or periodontal, disease.

"People don't usually think of periodontal disease as an autoimmune disease," said Dr. Stein. "It's been relatively recently that researchers have become suspicious of a connection."

Gum disease results from an excess of bacteria in the space between the teeth and gums. The gums respond by becoming inflamed. This inflammation, said Dr. Stein, "is a double-edged sword. If you couldn't mount this inflammatory response, tissue damage could result."

But the inflammation seems exaggerated in some patients. These patients include a disproportionate number of diabetics, who don't respond as well as the general population to periodontal treatment if their diabetes is not well-controlled. Traditional periodontal treatment includes oral hygiene, gum-scraping and surgery, as a last resort, to access the tooth's root surface.

Dr. Stein suspects the link to diabetics is their uncommonly high production of the protein, interleukin 10. A plaque-laden environment combined with high levels of interleukin 10 may stimulate antibodies to proteins such as collagen, a fibrous protein found in connective tissue, bone and cartilage. "Perhaps an exaggerated autoimmune response in some patients is related to an increased production of interleukin 10," Dr. Stein said.

Dr. Stein, whose research is funded by a five-year National Institutes of Health grant, also is probing a link between periodontal disease and other autoimmune diseases, such as arthritis.

He hopes his research will ultimately yield drugs to alter the seeming autoimmune response, offering new hope for hard-to-treat periodontal disease. "Oral hygiene will always be the cornerstone of treatment," Dr. Stein said. "But if we can prove an autoimmune component in some patients, we'd like to find ways to control the response. And it may be that treating the periodontal disease may also help control the central problem of diabetics: glucose metabolism." ■

## Orthodontia Helps Keep World Smiling

*Christine Hurley Deriso*

New technology has made orthodontia more effective and pain-free than ever, according to Dr. Ed Hamilton, Chairman of the Medical College of Georgia Department of Orthodontics.

"There's been a revolution in orthodontic wires in the last few years," Dr. Hamilton said. The brackets of braces can now be bonded to the surface of teeth (except for anchor teeth) rather than banded all the way around them. And the wires maintain their form, putting considerably less pressure on each tooth than wires used a generation ago.

Braces, the most common way to correct tooth and jaw misalignment, are most effective when all of a child's permanent teeth are ready to come in, Dr. Hamilton said. That's usually around age 9 to 11 for girls and age 10 to 12 for boys, Dr. Hamilton said. "During a growth spurt, we can accomplish much more than when all the growth has been completed," Dr. Hamilton said.

On the other hand, adults who missed out on braces as children are increasingly seeking orthodontia to straighten their teeth. About 25 percent to 30 percent of orthodontia patients are adults, Dr. Hamilton said.

Unfortunately, orthodontia is slightly more complicated for adults. "It's a different approach because adults aren't growing. We can't change the bite of an adult the way you can with a growing child," Dr. Hamilton said. Tooth extraction (rarely used with children) or surgery to realign a jaw may be necessary. But braces alone often do the trick. The average adult wears braces from about 18 months to three years.

"Usually, adults' compliance is

better than children's," Dr. Hamilton said, noting their willingness to floss, brush and visit the orthodontist regularly. "They want to get their braces and get out of them as quickly as possible."

Adults may opt for ceramic braces, which are clear, rather than metal braces. "The ceramic braces look good but they break much easier," he said. Children, therefore, usually have metal braces.

Once braces are removed, "the teeth will shift if you don't wear a retainer," he said. "You've got to hold them steady until the bone reorganizes around the root. That takes at least a year." Adults usually need to wear retainers even longer—"as long as they're willing to wear them, really," Dr. Hamilton said. ■

## Alumnus Named Honorable Fellow

Dr. Michael O. Vernon ('77), an Augusta dentist and resident of Evans, Ga., has received the Georgia Dental Association's 1997 Honorable Fellow Award.

The award, recognizing outstanding community service, was presented during the group's recent meeting in Orange Beach, Ala.

Dr. Vernon is President of the Martinez-Evans Rotary Club. ■

## Looking for a Great Deal? Join the Alumni Association

If you consider membership in the Medical College of Georgia School of Dentistry Alumni Association an act of altruism, you're right. The association sponsors scholarships, seminars and other means of supporting the school, its alumni and future generations of dentists.

But membership means more than reaching out to others; it also offers lots of benefits for you, and for dues of only $25 a year. (Lifetime membership is available to members and associate members for a one-time fee of $600.)

Consider some of the many benefits of joining the School of Dentistry Alumni Association:

- Scholarship Endowment Program, enabling the alumni association to award a $1,000 scholarship to a deserving dental student each year.
- $1,000 School of Dentistry Alumni Association Scholarship, awarded annually to a deserving student.
- Eligibility to vote in officer elections, vote at membership meetings and nominate candidates for the annual Distinguished Alumnus Award.
- Welcome-Back Luncheon, sponsored annually by the alumni association for students and faculty.
- Reception at the Hinman Dental Meeting, sponsored by the alumni association for alumni, faculty, family and friends.
- Student Lunch and Learn Seminars, sponsored by the alumni association and the Georgia Dental Association to bring dental professionals to MCG students to discuss topics ranging from specialties to practice management.
- Georgia Dental Association combined district meeting luncheon, hosted by the alumni association for alumni and friends during the annual Eastern, Southeastern and Central Districts meeting on St. Simons Island.
- Homecoming, celebrated annually by MCG and including the alumni association's annual membership business meeting and a dinner for alumni and faculty. The association's Distinguished Alumnus Award is presented during the weekend, and the Annual Marvin Goldstein Lectureship will be held in conjunction with Homecoming 1998 April 30-May 3.
- Free alumni association membership for new graduates, a one-year gift to each member of the graduating class.
- *AlumNews,* news about School of Dentistry alumni, faculty and friends in each edition of *MCG Today,* MCG's award-winning magazine.

For more information about School of Dentistry Alumni Association membership, call the MCG Alumni Office at (706) 721-6574.

### School of Dentistry Alumni Association Lifetime Members as of Fall 1997

Dr. Ronald M. Adams, '83
Dr. Randan L. Ashmore, '73
Dr. Jack A. Bell Jr., '82
Dr. Lee A. Bell Sr., '73
Dr. Donald B. Benton Jr., '88
Dr. Elizabeth A. Bernhard, '75
Dr. Sammy A. Caves, '73
Dr. Darryl A. Chapman Sr., '84
Dr. Douglas P. Clepper, '73
Dr. J. Ben Dea.l, '74
Dr. James M. Deckman, '82
Dr. David J. Dickey, '78
Dr. Edward J. Green, '83
Dr. James E. Haddad Jr., '73
Dr. Isaac S. Hadley, '74
Dr. David R. Harman, '73
Dr. Melody J. Higginbotham, '84
Dr. Isaac F. Holton Jr., '76
Dr. John E. Horvath, resident
Dr. Charles C. King Sr., '82
Dr. Philip E. Koch, '74
Dr. Dave C. Lee, '83
Dr. Gary A. Lewis,.'77
Dr. Thomas R. McDonald, '83
Dr. Matthew McRae Jr., '73
Dr. Phillip H. Miller, '73
Dr. William B. Nipper Jr., '73
Dr. Norris L. O'Dell, '75
Dr. David A. Owings, '73
Dr. Fred A. Padgelek, '82
Dr. Donald J. Payne, '73
Dr. David W. Perry, '84
Dr. R. Steven Powell Sr. '81
Dr. Miachel T. Rainwater, '77
Dr. Ralph G. Reese, '80
Dr. Thomas V. Riggins, '73
Dr. Charles A. Ross, '77
Dr. Stanley D. Satterfield, '77
Dr. Robert W. Sims, '80
Dr. Wayne T. Tadsen, '76
Dr. Steven P. Teaver Sr., '76
Dr. T. Barrett Trotter, '73
Dr. John W. Vollenweider, '78 ■

## School of Dentistry Alumni Association Calendar

***Feb. 11*** Lunch and Learn seminar for MCG dental students

***Feb. 13*** Deadline, Distinguished Alumnus Award nomination forms

***Feb. 28*** Votes for Distinguished Alumnus Award back from Directors

***March 14*** Board of Directors meeting in Atlanta during Hinman meeting

***March 14*** Alumni reception during Hinman meeting, 5-7:30 p.m.

***April 16-17*** Student Appreciation Days

***April 24-26*** Tentative luncheon at Tri-District meeting in St. Simons, Ga.

***April 30-May 4*** MCG Homecoming, featuring the 25th anniversary of the school's first graduating class; all faculty and former faculty invited.

***May 13*** Lunch and Learn for MCG dental students

***June 6*** Hooding ceremony, commencement

***June 10*** Board of Directors meeting, MCG Alumni Center, noon

***June 20*** School of Dentistry Alumni Association membership mailing ■

## Alzheimer's Researchers Compare Notes at MCG

*Christine Hurley Deriso*

Researchers in Georgia predict that Alzheimer's disease will be for the next generation what cancer is for this generation: a once untreatable disease that science is finally beginning to successfully tackle.

"We're really on the threshold of a complete revolution in the way we see this disease," said Dr. Robert C. Green, a visiting Professor in the Georgia State University Memory Assessment Clinic. Dr. Green was one of approximately 40 Alzheimer's researchers from Georgia who met at the Old Medical College July 15 for the July meeting of the Georgia Alzheimer's Disease Consortium. The meeting featured research updates from the participants, representing institutions including MCG, Georgia State University, Emory University, the University of Georgia and the Centers for Disease Control.

The meeting also included a round-table discussion and a tour of MCG's Animal Behavior Center, which uses primates to research the dementia-inducing disease and test memory-enhancing drugs.

The researchers agreed that prevention and early diagnosis are the keys to combating Alzheimer's disease. "We really are fighting an uphill battle in trying to undo Alzheimer's damage," said Dr. Jerry J. Buccafusco, Director of MCG's Alzheimer's Research Center.

The disease is characterized by a dramatic drop in the brain's level of acetylcholine, a neurotransmitter related to memory. Most patients die within 10 years of diagnosis, during which time they become progressively demented. But although the brain damage cannot be reversed, scientists are becoming increasingly adept at delaying it. For instance, Dr. Buccafusco and his colleagues are studying nicotine-like drugs which bolster memory by enhancing the release of acetylcholine.

Also, some genetic mutations have already been identified as risk factors for the disease; researchers anticipate using genetic markers soon to predict people's risk. "We're going from confusion to clarity in terms of understanding the genetic makeup of the disease," said Dr. Green.

And once society realizes drugs are available to slow the onset of symptoms, those with impaired memory will more readily seek help, the researchers predict. "It turns out that Alzheimer's patients are aware of their memory problems," Dr. Green said. "I think their [willingness to seek help] is treatment-related. More and more, we're going to be able to use the 'A' word. It will be something we can live with and manage."

The public also must be educated about memory impairment, which can stem from many causes, the group stressed. For instance, some medications or combinations of medications impair memory. "There are many reasons for impaired memory," said Dr. Leonard W. Poon, a gerontology researcher at the University of Georgia. "Memory complaints do not necessarily mean Alzheimer's disease."

The group also discussed the importance of reaching out to care-givers of Alzheimer's patients. "There is a real reluctance of care-givers to seek outside help. We have a strong ethos of self-reliance in our society." said Dr. Lore Wright, Chairman of the MCG Department of Mental Health and Psychiatric Nursing.

Dr. Wright is conducting a study determining whether phone counseling helps relieves care-givers' stress. The stakes, she notes, are high. "Care-giving is time-consuming, labor-intensive and stressful. The stress tends to lead to depression, which can impair the immune system, so we end up with two patients."

Dr. Green cited telemedicine as a means of reaching out to both patients and care-givers. He also envisions "memory clinics" throughout Georgia that test for Alzheimer's disease as routinely as blood pressure is checked.

But scientists must work together and keep each other abreast of their progress, he said. "We can build on our complementary strengths," Dr. Green said. And time, he noted, is of the essence.

"Alzheimer's disease is the most common dementing disorder. It will become absolutely epidemic as our population ages," he said. "Perhaps as many as 47 percent of the very old will develop the disease. The implications are truly startling." ■

***Drs. Jerry Buccafusco and David Green discuss research during Alzheimer's conference***

## MCG to Host 1998 Meeting of Hypertension Specialists

*Toni Baker*

The nation's top researchers in cardiovascular disease and hypertension will gather in Augusta in September 1998 when the Medical College of Georgia Vascular Biology Center hosts the fall meeting of the American Physiological Society.

*Endothelial Regulation of Vascular Tone: Molecular to Integrative Physiology* is the topic for the meeting Sept. 16-19, 1998 at the Radisson Riverfront Hotel.

"We are having a meeting on

the current control of blood pressure and we are bringing in innovators in the field, such as the person who, some 11 years ago, discovered nitric oxide in the body, the new molecule believed to be involved in controlling blood pressure and the thickness of blood," said Dr. John Catravas, Director of MCG's Vascular Biology Center.

Nitric oxide is secreted in small amounts by the endothelial cells lining the blood vessels and works to relax those vessels. Researchers want to maximize that relaxation capability by learning to selectively control nitric oxide levels which, when too low, can result in high blood pressure and even death and, when too high, seem to have a role in septic shock, a killer in the nation's intensive care units.

Selective application of this molecule also has the potential for treating problems such as pulmonary hypertension, which destroys lung function, and for helping keep blood vessels open following angioplasty to dilate clogged coronary arteries.

Scientists at places such as MCG's Vascular Biology Center are studying the role of nitric oxide in areas such as circulation in the lungs, heart, kidneys and brain and are looking for ways to regulate the level of the important molecule.

Two other key molecules involved in blood pressure regulation also will be center stage during the meeting. Angiotensin converting enzyme, found inside blood vessels and in particular abundance in the lungs, is the basis for the newest drug therapies for hypertension. Prostaglandins, molecules produced by lipids in the body which act to increase the thermostat for body temperature control, also are central to regulating blood pressure and blood clotting.

Dr. Catravas and Dr. David M. Pollock, researcher in the Vascular Biology Center and Chairman of the conference's Organizing Committee, anticipate 300 to 500 researchers will participate in the 1998 conference.

MCG's Vascular Biology Center is comprised of nine researchers and approximately 45 staff. ■

## Alumnus Named University President

Dr. Mannases C. Fonteles, who earned a Ph.D. in pharmacology from the Medical College of Georgia in 1974, has been named President of Ceara State University in Brazil.

Dr. Fonteles earned a medical degree from the Medical College of Federal University of Ceara and joined the faculty in 1968.

He won the Jurandir Picanco Medal for outstanding work on medical teaching in 1978; the Prisco Bezerra Award, offered to the three finest researchers of the Federal University of Ceara, in 1985; the Walter Cruz Award for the best work presented at the XII National Congress of the College of Hematology in 1989; the top award of the International Medical Scholars Program, USA, in 1991-92; and the distinguished faculty and scientist commemorative medal of the Federal University of Ceara in 1991.

Dr. Fonteles is a Titular member of the Academy of Sciences of Ceara and a member of the Sigma Xi Society and the American Association for the Advancement of Science. ■

## Link of Nervous System to Cardiovascular Function Studied

*Christine Hurley Deriso*

A Medical College of Georgia researcher is studying how the nervous system prods the heart to keep its beat.

Dr. William Caldwell, Professor and Chairman of the MCG Department of Pharmacology and Toxicology, is specifically targeting sensory nerves, which send information to the brain. These sensory nerves exist, among other places, in blood vessels feeding the heart. The nerves sense threats to the cardiovascular system—for instance, a sudden hike in blood pressure or an erratic heartbeat—and prod the system back to normalcy.

"The sensory nerves maintain things on an even keel," said Dr. Caldwell. "We're trying to determine how. That's kind of the black box."

When the sensory nerves become desensitized for some reason, both heart function and blood pressure can fluctuate, potentially causing such life-threatening problems as heart attacks, Dr. Caldwell said. "In old age and disease states, we lose the sensitivity of this system," he said.

In research funded by the National Institutes of Health, Dr. Caldwell is studying how sensory nerves become desensitized and how to nudge them back into action. He has found, for instance, that neuropeptides—chains of amino acids produced by nerves—stimulate sensory nerves when released. Nitric oxide, a gas found naturally in the body, also seems involved in activating sensory nerves.

"Nitric oxide seems to be made by sensory nerves in response to the release of neuropeptides," Dr. Caldwell said. "It appears to be an intermediary in the process."

He is trying to identify or develop drugs that can either stimulate or inhibit the release of nitric oxide as needed to prompt sensory nerves to do their job. "Lots of chemicals will control the production of nitric oxide, but doing it specifically and affecting only the organ system you want to affect is difficult," Dr. Caldwell said.

He also speculates that homocysteine—the widely publicized amino acid whose overabundance has been linked to vascular disease and heart failure—may affect the release of nitric oxide. "Homocysteine may well relate to the delivery of nitric oxide," he said.

But he emphasized that nitric oxide is only one player in the intricate process that attunes sensory nerves to any sign of cardiovascular stress. Identifying every step, and every player, in the process should lead to drugs that can step in when nature falters, Dr. Caldwell said. ■

# Alumna Still Practicing at Age 100

*Christine Hurley Deriso*

When Leila Daughtry Denmark turns 100 years old this February, don't expect her to take the day off to celebrate.

Dr. Denmark, a 1928 graduate of the Medical College of Georgia School of Medicine and the school's third female graduate, keeps virtually as busy today as she did when she first began practicing pediatrics in Atlanta some 70 years ago. She averages about 15 patient visits a day, practicing from her home in Forsyth County. But Dr. Denmark is never quite sure how her day will turn out, other than knowing it will be busy. "I don't make appointments," she explains. "I don't think a mother will know when her child will be sick."

Dr. Denmark herself is never sick. "My health is perfect," she says proudly. "I work every day. You have to eat right and love what you're doing. When people ask me when I'm going to retire, I say, 'Check the obituaries.'"

Her resilience comes as no surprise to those who know her. "I think my patients expect me to live forever," she says with the hearty laugh that often punctuates her strong, steady voice.

***Dr. Leila D. Denmark in 1983***

***Dr. Denmark (second from left) on golf course with Curtis Daughtry (from left), Bea Daughtry and Col. George Daughtry during fall 1997 trip to Cashiers, N.C.***

The career that has given her so much satisfaction almost never came to be. Dr. Denmark grew up on a farm in Statesboro, Ga. She loved taking care of the animals and envisioned putting her healing skills to use in adulthood. But female doctors were almost unheard of. So after earning her undergraduate degree, she followed a more traditional path and taught school for two years. But she yearned to go to medical school; at age 24, she applied at the Medical College of Georgia. "I read about how women in India could not be doctored by men. I thought if I went to medical school, I could go there."

But MCG's admissions committee had other ideas. "I put my application in and they didn't even answer," she recalls. "I went to see them in person and they said they had too many [freshmen]." But Dr. Denmark proved to be as stubborn as the admissions committee; after doggedly trying to persuade them to change their minds, they finally told her they'd think about it and get back to her in 24 hours. The next day, she was accepted.

Dr. Denmark has wonderful memories of medical school, which she says was full of inspiring teachers and supportive classmates, despite her status as the lone woman in her class. "We were all great friends—not one minute's trouble from the time I got there," she says. The only friction, she recalls, came when she married her longtime sweetheart 72 hours after graduation. "[My classmates] were really upset," she says. "They said, 'Here you've gotten your degree and now you won't do a thing with it.'"

She proved them wrong. She and her husband, a banker, moved to Atlanta, where she interned and worked at Grady Hospital. When Egelston Children's Hospital opened two years later, she practiced there and at the Central Presbyterian Clinic. At that time, she said, the vast majority of her patients were poor.

"There was no work for pediatricians when we first got started except to work for the [very poor]," she says. "Mothers stayed home and took care of their children. There were no private patients."

But money was never Dr. Denmark's motivation. "Mr. Denmark made the money," she says of her husband. "I never did. I can work with the poorest and the richest. If they can't pay, they don't have to."

While treating patients, Dr. Denmark helped develop the whooping cough vaccine, one of her proudest achievements. "I have given that vaccine since 1932 and never have I had one speck of trouble with it," she says. "I've never had a patient have a reaction to it, and none of my patients who got the vaccine ever had whooping cough."

She laments that the vaccine is routinely given too early, in her opinion. "Babies have to be about 5 months old to build up antibodies, but now they give it at 2 months—too early."

This is but one of the many sometimes controversial opinions Dr. Denmark has about pediatrics, and she never hesitates to speak up. For instance, she thinks day care is one of the most insidious trends in our society, dooming children to constant illness and lack of parental guidance. "We would live in heaven today if we could just get mothers to stay home with their children," she says. "Day care keeps them sick for seven years. I'd say to a mother, 'If you bring a baby into the world, he's your responsibility. Don't bring him into the world and abandon him.'"

Children are integrated much too early into society, she says, noting her objection to school for 5- and 6-year-olds and church nurseries. "Put a baby in a church nursery on Sunday and I'll see him on Wednesday," she says.

She also counsels mothers to feed their children three protein-filled meals a day and eliminate between-meal snacks. And yes, she's always practiced what she preaches. When her only child, Mary, was born, she moved her practice to her breakfast room.

"I never missed a breakfast with my husband and I never missed a moment with my child," she says, noting that women could reverse harmful societal trends if they would follow her lead. "Women have run the world since the beginning of time, and women can change things. I listened to the suffragettes when I was a teen-ager. They said, 'If we ever get the vote, we'll change this world.' I believed every word of it. I wish they'd carried through with what they said."

Dr. Denmark spends a large portion of her practice sharing her philosophy with mothers; she even wrote a book titled *Every Child Should Have a Chance.*

"The most important function of a pediatrician is to teach a mother how to take care of her child," she says. "I sit down with mothers when they come in and found out how the child eats, what kind of house he lives in.... If the child's in day care, I say, 'Mama, he's gonna be sick for seven years.'"

Dr. Denmark moved from Atlanta to nearby Forsyth County 10 years ago, taking her practice along with her. Her husband died in 1991. "Oh, boy, it's terrible," she says of the loneliness. "But I don't let anything get me down. I stay busy."

In addition to her practice, she plays golf, walks a mile and a half a day and spends lots of time with her daughter and two grandsons, "two of the finest men that ever lived."

Her niece by marriage, Jan Daughtry, recently spent a few days with her Dr. Denmark in Cashiers, N.C, "and she played 18 holes of golf! I have the pictures to prove it," Ms. Daughtry said with a laugh. She attributes her aunt's longevity to "attitude. She has the attitude of doing for others, living her life for the good of others," Ms. Daughtry said.

Which period of her life has been the happiest? "From the time I was born until now," Dr. Denmark says. "I've never had a bad day. I'm always so grateful I can get up and do it again." ■

## MCG Faculty Included in 'Best' List

Two Medical College of Georgia Department of Obstetrics and Gynecology faculty members were named among the 401 best doctors for women in the August issue of *Good Housekeeping* magazine.

Dr. Lawrence D. Devoe, Department Chairman and Chief of the Section of Maternal-Fetal Medicine, was named among the best perinatologists. Dr. Paul G. McDonough, Professor Emeritus of the MCG Departments of Obstetrics and Gynecology, Pediatrics and Physiology and Endocrinology, was named among the best reproductive endocrinologists. ■

## Alum Receives Legion of Merit

Dr. Donald M. Gilner, a 1964 graduate of the Medical College of Georgia School of Medicine and a Colonel in the U.S. Air Force, was decorated recently with the Legion of Merit.

Brigadier General James O'Neal, Assistant Deputy Chief-of-Staff for Maneuver Operations at Forces Command, Fort McPherson, Ga., presented the award citation, noting "exceptionally meritorious conduct in the performance of outstanding services" and "the epitome of professionalism and military dedication."

Representatives of the U.S. Army and U.S. Air Force were present, recognizing Dr. Gilner's participation in the medical activities of both services.

The decoration was part of Dr. Gilner's retirement ceremony. He served 32 years as a military officer in the 9021st Air Reserve Squadron and as Chief of the Allergy/Asthma Clinic at Fort McPherson.

Dr. Gilner, a native of Atlanta, is an allergist in private practice with Allergy and Asthma Consultants, P.C. He is a member of Jewish Ward Veterans Post 976. ■

## Alum Receives Honorary Doctorate for Volunteerism

Dr. Randolph R.Smith ('70), a plastic surgeon in Augusta, has received an honorary doctorate from Clemson University in South Carolina for his 15-year volunteerism in developing countries.

Dr. Smith has volunteered his services in plastic and hand surgery in Japan, Hong Kong, the People's Republic of China, Nigeria, Kenya, Egypt, Venezuela, El Salvador, South Korea and Poland. He concentrates on treating congenital defects, war mutilation and injured limbs.

Dr. Smith, an Augusta native, earned an undergraduate degree from Clemson in 1966. He was the starting center for Clemson's championship-winning football team, the Tigers.

Dr. Smith also received the Augusta Exchange Club's 1997 Book of Golden Deeds Award. He is a member of the American Society of Plastic and Reconstructive Surgeons and the American Society for Aesthetic Plastic Surgery. He is a Fellow of the American Academy of

***MCG hosted a Practice Opportunity Fair on campus Aug. 28 to match rural hospitals in need of physicians with MCG residents***

Otolaryngology and the American College of Surgeons. ■

## Dr. West Dies at 82

Dr. Robert M. West ('55), a general practitioner for more than three decades in Forest Park, Ga., died July 16 at age 82 of congestive heart failure.

Dr. West opened a family practice in Forest Park in 1959, continuing a family tradition of medicine that now spans 100 years. (His son, Dr. John E. West, graduated from MCG in 1985 and is a general family practitioner in Snellville, Ga.)

Dr. West, a native of Salisbury, N.C., earned a bachelor's degree at the University of North Carolina in Chapel Hill and graduated with honors from MCG. Before retiring in 1986, he donated time to examine athletes in the Special Olympics and served as a team physician for local high school sports. He was named Forest Park citizen of the year several times and was named to MCG's Emeritus Club in 1995.

Dr. West grew more than 200 roses in his yard, which won several awards throughout the Southeast.

His survivors, in addition to son John, include daughter Margaret Selman, sister Sara Rose Walton and three grandchildren. ■

## Dr. Boyd Dies at 89

Dr. William Seaborn Boyd, a 1942 graduate of the Medical College of Georgia School of Medicine and longtime Augusta physician, died Sept. 16, at age 89.

Dr. Boyd, a native of Fayette County, Ga., was a magna cum laude graduate of the University of Georgia and earned a master's of art degree from Emory University.

He served as a colonel in the U.S. Public Health Service during World War II and helped found the Centers for Disease Control and Prevention in Atlanta.

He began his medical practice in Augusta in 1947. He served several positions at St. Joseph Hospital, including Chief of Obstetrics-Gyniatrics, Chief of the medical staff, Medical Director and a member of the Board of Trustees.

He was a Diplomate of the American Board of Obstetrics and Gynecology.

He and wife Katherine Elizabeth Kreps Boyd founded the Boyd Piano Competition. Dr. Boyd established the Fine Arts Scholarship at Augusta College (now Augusta State University) and donated organs to the university and to Sacred Heart Cultural Center. He authored two books, *Familiar Classical Themes Arranged for the Church and Home Organs* and *Rewards of Creativity*. He was an artist whose work was displayed at the Smithsonian Institution.

He was Secretary of the Augusta League, President of Friends of the Augusta Library, a member of the Morris Museum of Art and a member of the MCG and University of Georgia President's Clubs. He was a member of the Lutheran Church of the Resurrection and served on the Board of Trustees at Christian City in Atlanta.

In 1991, Augusta observed Dr. William S. Boyd Day. He received the Mayor's Award for service, the Remembrance Society Humanitarian Award, the 1995 Angel Award, the Augusta College Distinguished Alumni Award, the Outstanding Non-Alumni Award at Newberry College and the Good Samaritan Award. ■

# Nurse Practitioner Dedicated to the Long Haul

*Christine Hurley Deriso*

Melody Slaughter Heffline loved the 15 years she spent as a post-anesthesia clinical nurse, but she felt something was missing.

Her involvement in her patients' lives—monitoring them in the recovery room after surgery—seemed like a piece of a jigsaw puzzle, and she wanted the bigger picture. What had brought the patient to the hospital in the first place? Did the patient have lifestyle habits that contributed to his health problem, and if so, would counseling have made a difference? How would the patient fare long-term after surgery?

Ms. Heffline, a native of Aiken, S.C., decided to further her education to broaden her role with patients. She was working at Augusta's University Hospital at the time and enrolled in the Medical College of Georgia's clinical nurse specialist master's program. She discovered that a broadened post-anesthesia nursing role was largely unheard of, but "I was fortunate to have instructors like Sharon Butler who allowed me to try to forge something that at that time didn't exist," she said.

She earned her master's degree in 1990, then earned her nurse practitioner certificate in acute care from the University of South Carolina.

Her extensive education has paid off: Today, she has what she considers the career of her dreams. She is a nurse practitioner for Surgical Associates of South Carolina in Columbia, helping prepare patients for surgery (mostly vascular surgery) then making rounds during their hospitalization and following up as the patient recovers. Physicians in the Surgical Associates practice refer patients to her and consult as needed. But Ms. Heffline works largely autonomously, even prescribing non-narcotic drugs as needed—a function that nurse practitioners in Georgia can't perform. She has earned the trust of the physicians she works with, she said.

"In the beginning, there was groundwork to be laid," she acknowledged. "You have to demonstrate that you're knowledgeable and that you know what your limits are. When you reach those limits, you don't hesitate to call for backup."

And she is happy to call on a physician upon request when patients visit her in the clinic, she said.

Her role, she said, suits her perfectly. "I know I'm not a physician, and I wouldn't want to be. I get to spend a lot of time with my patients. I can really delve into what's going on with them, being sure they understand how to take their medication and what to watch for. I know about their lives, their children, their grandchildren.... That's the part I like."

A large component of her practice is patient education. As her patients prepare for surgery, she counsels them about how they can enhance the outcome. She devotes a great deal of time, for instance, to smoking cessation. "I realize I'm trying to get patients to stop smoking at one of the most stressful times of their life: when they're preparing for surgery. I tell them that everything they're going through is normal and has happened to other people. They're not the only one. Above all, I let them know I understand it's difficult. But I never tell people I know exactly how they feel, because I don't."

She also closely monitors her patients' medications and keeps an eye out for any side effects. For instance, many of her patients take the anticoagulant, Coumadin, "which is very safe if well-monitored, but lots of patient education is involved," she said.

But she acknowledged that all the patient education in the world is meaningless if patients don't take an active role in their own good health. "I would like to invent a pill for compliance," she said with a laugh. "We can only go so far. I've learned that I can't motivate someone who isn't motivated from within, and that's tough. I want everyone to get well."

Ms. Heffline keeps track of literature to update herself on advances in her fields of expertise. "I was in the library yesterday reading up on things," she said. "There's a very wide body of knowledge. It takes a lot of work to keep up." Her work with vascular patients, she said, necessitates expertise in areas as diverse as diabetes, wound-healing and pain management.

She also deals with a significant number of depressed patients. "Many of my patients are chronically ill, and a lot of them deal with psychological issues. The toughest

***Melody Heffline in office with patient Winford Walsh***

part of my job is helping them find a happy medium and have quality of life. I can also refer them to a specialist [in depression] if necessary or have medication prescribed. I would say we use medication to treat depression very conservatively, but sometimes you have to take advantage of everything in your arsenal."

But despite the pressures of treating people in distress, she is thrilled to be able to forge long-lasting relationships with them. "I feel that after all the year I spent in the hospital in post-anesthesia care, I've closed the loop," she said. "I have continuity with my patients. I'm able to see resolutions." ■

## Fast Track to Master's Degree Offered

*Christine Hurley Deriso*

The Medical College of Georgia will begin a program in summer 1998 to streamline the route to a master's degree in nursing for diploma and associate-degree nurses.

The application deadline for the first group of students is March 1. "The program will allow an option for nurses with diplomas and associate degrees to progress within the academic system," said Dr. Vickie A. Lambert, Dean of the MCG School of Nursing. "It's really a career-ladder option."

The program can be taken full time or part time. The full-time option takes nine semesters (three years) to complete. The program includes 27 semester hours of bachelor's-level coursework and approximately 36 semester hours of master's-level coursework, depending on the specialty area, Dr. Lambert said. The tracks in the program are family nurse practitioner, mental health-psychiatric nursing, pediatric nurse practitioner and clinical nurse specialist in adults, if there is a sufficient number of students. Graduates will be eligible to take the American Nurses Association certification test.

Admissions requirements include completion of required core courses, an associate degree or diploma in nursing from an accredited program, official transcripts of all post-secondary academic study, a current Georgia nurse's license, a grade point average of 3.0 or higher on a 4.0 scale and Graduate Record Examination Aptitude Test of 900 or higher. Enrollment is limited and competitive.

For more information or an application packet, call (706) 721-2725, write the Office of Academic Admissions, AA-170, MCG, Augusta, Ga., 30912, or e-mail gradadm@mail.mcg.edu. ■

## Summer in Thailand Offers New Perspective

*Christine Hurley Deriso*

Ask Dr. Gregory Bechtel about Thailand and he'll tell you the good, the bad and the ugly.

The good: hearty restaurant meals for under a buck; friendly, laid-back people; pristine beaches almost devoid of people.

The bad: Poverty and a collapsed economy; heavily exploited women and rampant prostitution; bugs, bugs and more bugs.

The ugly: Epidemic strip-mining in some areas; polluted air; undrinkable water.

But the synopsis doesn't do justice to Dr. Bechtel's sensory-overloading summer in Thailand. Dr. Bechtel, Associate Professor in the Medical College of Georgia Department of Community Nursing, was surfing the Internet last spring in search of summer

***Dr. Gregory Bechtel***

teaching opportunities when he discovered an opening in Thailand. Prince of Songkla University in Hatyai, a city in southern Thailand, was seeking an epidemiologist to teach epidemiologic research and research concepts to postgraduate physicians. Dr. Bechtel applied and was accepted.

He arrived in June, shortly before Thailand's economy collapsed. "Instability and vast corruptness in the government creates a new political system almost every other year," he said. "Industrial and manufacturing goods are imported and there is little economic base to produce consumer goods and services."

And yet the Thais are amazingly resilient, he noted. "They have this wonderful ability to cope, and although they've lived in poverty for so long, food sources are never a problem."

Indeed, they were cheerful and hospitable. Dr. Bechtel was certainly a welcome visitor; Thais, Dr. Bechtel observed, love all things American. Ever wonder what happens to surplus T-shirts produced for sororities, marathons or family reunions? They end up in Thailand, Dr. Bechtel said with a laugh, noting that everywhere he looked, locals were wearing T-shirts touting some obscure American event or organization.

The locals also delighted in Dr. Bechtel's cultural gaffes, such as jumping when a roach crawled up his leg. A pesky bug wouldn't make a Thai so much as flinch, he said. Larger creatures were also the order of the day; stray cats and dogs roamed freely throughout roadside cafeterias and food stalls.

When he wasn't immersing himself in Thai culture, Dr. Bechtel was learning to love cold showers; his campus accommodations didn't include hot water or air-conditioning, though his two-bedroom, dual-balcony flat was otherwise very comfortable.

While overcoming culture shock, Dr. Bechtel was hard at work. His work, funded by the World Health Organization, consisted of helping identify specific health problems within the native countries of his students, including Thais, Mongolians, Laotians and Vietnamese. All spoke some degree of English. "They all spoke their own version of English, and I speak southern English, so it was interesting trying to communicate," Dr. Bechtel laughed.

The health problems identified included birth practices in Nepal, where rural women often deliver in cow sheds; the epidemic of goiter in western Sumatra; the relationship of sexually transmitted diseases to ectopic pregnancy in Mongolia; catastrophic illness in Thailand; and the role of pharmacists in maternal-child care in Laos.

Dr. Bechtel noted that pharmacists in Asia, who dispense medication as they see fit, play a role similar to that of family practitioners in the United States. But he noted that aspirin, for instance, is administered in single doses;

medications are seldom relied on routinely. Thais were amazed that Dr. Bechtel had an entire bottle of over-the-counter pills for occasional headaches.

"They said, 'Why do you get headaches?'" he said, then shrugged his shoulders and laughed. "I said, 'I don't know.'"

Dr. Bechtel noted that students in the East are very bright but tend to think differently than Westerners. "My students were really good technocrats and solid methodologists but lacked critical-thinking skills. In America, we tend to put more emphasis on critical thinking and less on rote memorization."

Despite their differences, the group had great rapport. "The students were very receptive and really respected me as a teacher. There was a collegial relationship from day one. We were very open to each other. They have a whole lot to teach us."

Dr. Bechtel said the experience will definitely influence his teaching at MCG. "I want my students to read more and reflect in terms of the impact American has on global events. We tend to be far too sheltered and don't recognize the ripple effect that American policy, including health policy, has on other countries."

And he plans an eventual return visit to Thailand. "I was living a wonderful life," he said. "I'll definitely go back." ■

## Anesthesia a Team Effort at MCG

*Christine Hurley Deriso*

Gene Murdock can't resist airplane analogies when discussing his field: anesthesia.

"The pilot is in the plane all the time, but he's no more important than the air traffic controller or the plane's mechanic," says Mr. Murdock, a nurse anesthetist at the Medical College of Georgia Hospital and Clinics and a 1977 summa cum laude graduate of the MCG School of Nursing. "Everybody has to work together to make sure the flight is perfect."

That sense of teamwork is the essence of delivering anesthesia at MCG, said Dr. Robert Crumrine, Chairman of the MCG Department of Anesthesiology.

Nurse anesthetists work closely with anesthesiologists at the hospital. The two specialties have different training—anesthesiologists have medical degrees—but similar functions. Their roles are very complementary, Mr. Murdock said, as evidenced by the fact that the hospital now employs 28 nurse anesthetists to bolster the services of its approximately 21 anesthesiologists.

"Everybody has their place on the team," said Mr. Murdock. "We all do our job, take pride in it and do it well. The patient gets the benefit of everybody's hard work."

Anesthesiologists medically direct nurse anesthetists at MCG in an atmosphere of mutual respect, Dr. Crumrine said. Dr. Tom Philpot, an anesthesiologist and Clinical Director of the Operating Room, said the demands of anesthesiologists are increasing significantly, noting a growing population of premature infants and chronically ill elderly patients. Anesthesiologists also are in ever-greater demand in the fields of perioperative care and pain management, so the reinforcements of nurse anesthetists are greatly appreciated, he said.

"I've been very pleased with the nurse anesthetists on our staff," Dr. Philpot said. "We get really top-qualified candidates. And the training program for nurse anesthetists at MCG is very intense and rigorous."

Indeed, nurse anesthetist students and anesthesiology residents at MCG work closely together. That team approach is definitely in a patient's best interest, Dr. Philpot said.

"Studies have shown that the team approach is the safest way to deliver anesthesia," he said. "It's been a delightful integration of two different philosophies practicing in the same field. At MCG, we practice anesthesiology in a model we call anesthesia care delivery system, which includes anesthesiologists, [nurse anesthetists], anesthesia technicians, pain specialists and post-anesthesia care nurses."

Regardless of how the staff's resources are allocated in any particular case, an anesthesia care provider is with patients 100 percent of the time during surgery at MCG.

Mr. Murdock said he calls on his nursing training to establish trust and rapport with his patients. "Building rapport makes the job easier," he said. "That trusting relationship makes patients more inclined to follow my directions. Patients don't want to hurt; part of my job is allaying their fears."I

After meeting a patient and assessing his overall health, MCG anesthesia care providers discuss anesthesia options, which include general anesthesia (complete unconsciousness), regional anesthesia (anesthetizing a particular region while the patient is conscious) and local anesthesia, a form of regional anesthesia that targets a specific group of nerves. Sometimes, general anesthesia is the only option. But if they have a choice, Mr. Murdock often encourages patients to consider regional anesthesia.

"I would want to retain as much of my normal physiologic function as possible," he said. Once he assures patients they'll be pain-free, regardless of whether they're unconscious, they usually follow his lead, he said.

MCG's anesthesia care team is grateful that the tools of anesthesia have become so sophisticated. Pain-inhibiting drugs are becoming increasingly refined with fewer and fewer side effects, Mr. Murdock said. Those drugs include benzodiazopines, which calm and sedate; pain-inhibiting narcotics; sleep-inducing barbiturates; and inhalational gases. Drugs can be administered through an intravenous line, an endotracheal tube or both, called balanced anesthesia.

The patient's well-being—heart rate, blood pressure, etc.—is monitored throughout the surgery. The anesthesia care provider uses the information to administer the anesthesia. "It's like a gas pedal on a plane," Mr. Murdock said. "You turn it up and down as needed."

Factors such as smoking, obesity and diabetes can increase a patient's risk of complications during anesthesia, such as a sudden change in blood pressure. The healthier a patient before surgery, the smoother the procedure is likely to be, Mr. Murdock said.

But he stressed that the vast majority of anesthesia patients experience no complications at all. Even the most common side effect, a sore throat from the endotracheal tube, affects only a small percentage of patients.

MCG's highly specialized team effort ensures good outcomes case after case, Mr. Murdock said. "MCG has skilled individuals who draw on each other's talents." ■

## Dr. Maeve Awarded

Dr. Katherine Maeve, Assistant Professor in the Department of Community Nursing, was awarded an E. Louise Grant Faculty Scholar Grant during the 1997 School of Nursing honors convocation June 7. Dr. Maeve was inadvertantly omitted from a list of honors convocation award recipients in the fall 1997 edition of *AlumNews*. *AlumNews* regrets the error. ■

# Class Notes

## School of Allied Health Sciences

***Terry L. Trundle*** (P.T. Assistant, '78), Marietta, Ga., practices sports medicine rehabilitation at the Marietta Center for Rehabilitation and has been elected Vice President of the Affiliate Assembly of the American Physical Therapy Association. He will discuss "Practical Rehabilitation of the Knee" as the invited speaker at the 1998 Combined Sections Meeting of the American Physical Therapy Association in Boston this February.

***Dr. Lawrence A. Sale*** (P.A., '81 and M.D., '86), Atlanta, is an anesthesiologist at Piedmont Hospital. He and wife Patricia were the first husband and wife to enroll in MCG's physician assistant program, contrary to an article in the summer 1997 edition of *AlumNews* reporting otherwise. *AlumNews* regrets the error.

***Ruth Grantham Holloway*** (O.T., '90), Hampton, Va., is an occupational therapist at Sentana Hampton General Hospital in Hampton. She gave birth to Madison Luke Holloway Aug. 26, 1997.

## School of Medicine

***Dr. William H. Houston*** ('47), Jacksonville, Fla., is recovering from five coronary bypass grafts and is doing well. He and wife Lynelle have been married 53 years. They have three children, two of whom are medical doctors. Dr. Houston closed his private ophthalmology practice in 1991 and is in his fourth year with the Department of Veterans Affairs Medical Center.

***Dr. Judy Inez Drosz*** ('71), Martinez, Ga., specializes in pediatrics and was included in *Who's Who in Medicine in Health Care 1997-98* and *The World's Who's Who of Women*, Fourteenth Edition. She is a missionary to Nigeria on leave of absence for family reasons and is working at Gracewood State School and Hospital while in Georgia.

***Dr. Arthur C. Fleischer*** ('76), Nashville, Tenn., practices radiology and ultrasound at Vanderbilt University Medical Center and has recently published three books: "Principles and Practice of Sonography in Ob/Gyn," "Clinical Gynecologic Imaging" and "Ultrasound of the Endometrium."

## School of Nursing

***Patricia A. Nester*** (B.S.N., '75 and M.S.N., '76), Downington, Pa., presented a paper with Michele Tucker on "Guiding Student Learning in Home Care: One Approach to Assessing and Documenting Medication Status" at the 12th annual Nursing Symposium on Home Health Care at the University of Michigan in Ann Arbor June 12. She was the invited presenter on "An Innovative Clinical Teaching Method: Critical Thinking Skills Improved" at Nursing Education '97: The Conference for Nursing Faculty at Allegheny University for the Health Sciences in Philadelphia June 20.

***Kathryn Phillips*** (B.S.N., '85), Murfreesboro, Tenn., is a national accounts clinical manager with Codman, a Johnson & Johnson division. She has primary account responsibility for Columbia/HCA and the veterans' hospitals. ■

***Deadline for submitting information for publication in the spring issue of AlumNews is Feb. 16, 1998.***

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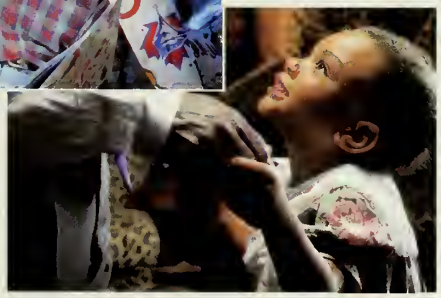

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# A Head for Business

***Editor's Note:*** *George Weiss died Dec. 17 at the Medical College of Georgia Hospital. The following article was based on an interview with Mr. Weiss this fall. The Medical College of Georgia expresses its deepest regrets upon his passing.*

Step into George Weiss's riverfront home in downtown Augusta and the first thing you'll notice, besides the panoramic view of the Savannah, is the background sound of scratchy voices and static. It's the sound of short-wave radio, one of Mr. Weiss's passions. He listens in as police officers and firefighters check in with dispatchers who direct them to the latest accident or crime scene. For years, Mr. Weiss patrolled the city streets himself, using short-wave radio to sniff out the latest emergency and cover the breaking news

for WBBQ. His radio days are over, but he still knows where the action is.

Mr. Weiss, who recently distinguished himself as the most generous individual Medical College of Georgia benefactor in the history of the university, has spent his life building businesses from the ground up. His first business—and the source of his greatest professional satisfaction—was a radio station.

He was well-schooled in the finer points of entrepreneurship. He moved to Augusta 70 years ago at age 5 with his mother and stepfather, who launched the Leigh Banana Case Company. After graduating from Richmond Academy, he enrolled in Augusta Junior College (now Augusta State University), conveniently housed in the same building as the high school. He knew he wanted to follow in his stepfather's footsteps, but he didn't know what kind of business to pursue until he sat in on a friend's radio newscast one day. He critiqued the newscast after it was over, pointing out various mistakes.

"My friend said, 'If you think you can be better, do the next one,'" Mr. Weiss recalled. He seized the challenge, broadcasting the station's next news report. He was hooked; one day later, he went to work as the morning personality for WGAC.

He also knew a good business opportunity when he saw one. Augusta only had two radio stations at the time, and Mr. Weiss figured the market was ready for a third. After serving four years in the Army, he came home and borrowed enough money from his stepfather to invest in a new radio station. WBBQ was born.

He and his three fellow investors hired about 12 employees to run the station. Nearly all, he noted, came from out of town. "You can't use people in radio who have an accent," he said. "The accent should be neutral." Few Augustans qualified.

The station's original and longtime general manager, Edward H. Dunbar, forged considerable new ground in the radio business, including hiring a team of reporters to canvass the city to cover breaking news. Mr. Weiss himself drove "Car One" until he retired two years ago, dashing to the scene of innumerable wrecks, crimes and fires.

He didn't consider himself a journalist—just a radio man—but he quickly refined an unerring instinct for news. "I looked for human interest," he said.

And he never hesitated to leap into the fray, no matter how dangerous. Often, he was among the first on an accident scene and aided the victims before broadcasting the story.

The most typical scenario: a rainy Augusta night on a busy highway. There was Mr. Weiss, surveying crash damage on the highway, often dodging the cars that sped past him, then relaying the news in his dead-calm bass voice to an audience of thousands, most listening from the comfort and safety of their homes.

Once, he sped to the scene of a Martinez fire, where a man who had just run out of the burning home's front door told him to get lost. "I told him, 'I'll get off your property, but I'm going to report the fire,'" Mr. Weiss recalled. The fellow swung a punch in response. All in a day's work.

Mr. Weiss's days as a punching bag ended when he adopted a stray dog he named Checker. Checker began accompanying Mr. Weiss as he cruised the city streets in search of news. The dog looked pretty ferocious but was actually as gentle as a lamb, making himself cozy and comfortable in the back seat of Car One. "He never would get in the front seat; he just didn't like it," Mr. Weiss laughs. But Checker's mere presence apparently had a chilling effect on would-be troublemakers.

In the early 1950s (around the time that Mr. Weiss bought a controlling interest in the station), he made a decision considered radical at the time: He changed WBBQ's format from sedate dance music to rowdy rock'n'roll. Many of his staff left in an indignant huff.

"It was hard, because employees who are good for one format aren't necessarily good for another," he said. "But I thought rock was the most popular thing for a big audience that we could have. I didn't try to arrange programming that I liked; it was what I thought an audience would like."

Mr. Weiss also dabbled in other businesses. For instance, he owned and operated Cannonball Rail Excursions, which offered train trips from Augusta to Atlanta, Savannah and other nearby cities. He grounded the train several years ago, but he never lost his love of railroads and is a member of the Augusta chapter of the National Railway Historical Society.

He made no bones about his aspirations as a businessman: He wanted to make money. But wealth wasn't the goal; he simply loved the exhilaration of cultivating a successful business. Money for its own sake has never particularly appealed to him. "I spend money on certain things, but not the way most people do," he said, noting that his car is a used Toyota that had already logged 93,000 miles when he bought it. "And it's just like new," he said proudly. The one thing he doesn't mind splurging on is travel. He's been to Switzerland, his favorite travel destination, 27 times.

Unfortunately, his trips have subsided lately due to health problems. Three years ago, Mr. Weiss was diagnosed with dystonia, a neurological disease. During treatment for the disease at the Medical College of Georgia, doctors found a tumor on his lung. The diseased lung was removed and Mr. Weiss hopes to resume traveling soon. "Before I had my lung removed, I had a 15 percent chance of survival, but it's much better than that now," he said.

When he retired from the radio business two years ago, he decided to divest himself of some of the considerable assets he's accumulated. Last summer, he announced he was donating his company, Savannah Valley Broadcasting Company—including radio stations WBBQ and WZNY, plus a shopping center—to the Medical College of Georgia Foundation, Inc., a non-profit organization established to receive and administer charitable gifts to MCG.

"WBBQ and George Weiss have been important members of the Augusta community for nearly half a century," said Dr. James B. Osborne, MCG Vice President for University Advancement and Executive Director of the MCG Foundation. "His gift to MCG is a perfect expression of his commitment to this community and to the citizens of Georgia and will provide another lasting legacy to a man who has already given so much."

Actually, it wasn't his first gift to MCG. Six years ago, he sponsored a chair for the MCG Telemedicine Center. "I didn't publicize it, and I wouldn't have publicized [the recent gift] except I knew the word would get out. And so many people think I gave away the station because of my cancer diagnosis. That had nothing to do with it. I just didn't have any relatives who needed the money, and by giving it to MCG, the money stays here in the area."

The gift will add immeasurably to MCG's ability to further its goals of education, patient care and research, Dr. Osborne said.

Mr. Weiss is happy to have helped and is grateful that MCG's health care providers have enabled him to continue enjoying his passions. And although he's no longer chasing down the stories, his short-wave radios are still crackling away. ■

—CHRISTINE HURLEY DERISO

# BREAKT
# in Sickle Ce

Regular blood transfusions reduce by 90 percent the stroke risk of a child with sickle cell disease, according to a study coordinated by the Medical College of Georgia and funded by the National Heart, Lung and Blood Institute.

Sept. 18, federal health officials announced an early halt of the Stroke Prevention Trial in Sickle Cell Anemia study, saying the results were so compelling that the study should be stopped 16 months early.

The NHLBI also issued a clinical alert to U.S. physicians to advise them of the data.

The announcement came at a national conference in Washington, D.C., commemorating the 50th anniversary of the National Institutes of Health's National Heart, Lung and Blood Institute and the 25th anniversary of the institute's Sickle Cell Disease Program.

"The importance of this study is that we have been able to find children at the highest risk for stroke and prevent the stroke using a therapy called chronic blood transfusion," said Dr. Robert J. Adams, MCG neurologist specializing in strokes and principal investigator of the $12.1 million grant awarded to MCG in July 1994 to coordinate the study.

"This is very good news for the roughly 2,500 children with sickle cell anemia who may be at risk for stroke and [for] their families," said Dr. Claude Lenfant, Director of the NHLBI. "Although this is not a cure, transfusions offer these children the hope of avoiding the devastating consequences of stroke."

Beginning in early 1995 at 14 sites in the United States and Canada—including the MCG Children's Medical Center—130 children ages 2-16 with sickle cell anemia were recruited for the study. The children's stroke risk was identified with the painless transcranial Doppler, which uses ultrasound to measure blood flow velocity in the brain. In 1992, MCG researchers were the first to report the transcranial Doppler's usefulness in detecting the one in 12 children with sickle cell disease at high risk for stroke. Areas of increased flow velocity indicate a narrowing in the blood vessel that may cause a stroke.

Sixty-three of the at-risk children were selected to receive blood transfusions every three to four weeks to keep the amount of abnormal, or sickled, hemoglobin in their blood at less than 30 percent. The other 67 children received standard care. After two years, the rate of stroke in the children getting transfusions was 90 percent lower than that of the control group. Ten children in the standard-care group had strokes; one child receiving transfusions had a stroke. At the MCG Children's Medical Center, 23 children were enrolled in the study, half to each group, and no child had a stroke.

"The effects of a stroke can be devastating or even fatal," said study co-investigator Virgil P. McKie, a pediatric hematologist-oncologist and Director of MCG's Pediatric Sickle Cell Clinic. "Although some children recover some aspects of loss of function, many are left with severe neurologic impairment, learning disabilities and other disabling results."

In February 1992, Drs. Adams and

# H R O U G H Treatment

McKie published in the *New England Journal of Medicine* the findings of another NIH-funded study identifying transcranial Doppler as the first non-invasive screening tool for children at risk. "The advantages of the transcranial Doppler are that it is safe and painless and can be applied many times over the course of a child's life," Dr. Adams said.

Other techniques to examine the brain, such as angiography or magnetic resonance imaging, are useful diagnostic tools, but are too invasive, expensive or both to use as screening tools.

Drs. Adams and McKie began pursuing a better screening tool after one of Dr. McKie's pediatric sickle cell patients had a severe stroke and he came to Dr. Adams with the question: "Isn't there some way modern neurodiagnostic techniques can be used to pick out the children who are headed for this kind of problem?"

It remains unclear why the arteries narrow in some children with sickle cell disease, Dr. Adams said. "It does not appear to be a closure of the vessels by the sickled blood cells themselves, but in some way these vessels are injured and their response to injury seems to be a progressive scar which may completely close the vessel, causing a stroke."

When the researchers identified the transcranial Doppler as a tool, the next step was to help those children avoid the first stroke. "What was really frustrating [was] we were developing the technology and began to realize that we were able to identify children (at risk) but, at that time, we had no effective means of prevention," Dr. McKie said.

It was known that chronic blood transfusions help previous stroke victims avoid subsequent strokes. The premise of the study was to put the two methodologies together and try to prevent the first stroke.

Drs. Adams and McKie and NHLBI officials agree that chronic transfusions are not without risks. In fact, MCG researchers soon will begin the search for treatments as effective, but safer and easier to use, than transfusion.

When the study was stopped, there was no evidence that any child had contracted a transfusion-transmitted virus. However, nine patients developed antibodies to proteins in the blood, which made finding suitable donors more difficult.

Also, some of the children developed high levels of iron, which can harm vital organs, and had to receive painful and expensive chelation therapy—subcutaneous infusions of a drug that removes iron. Children who require long-term transfusion likely also will require long-term chelation therapy. The stroke risk begins for children at about age 2 and extends into early adulthood.

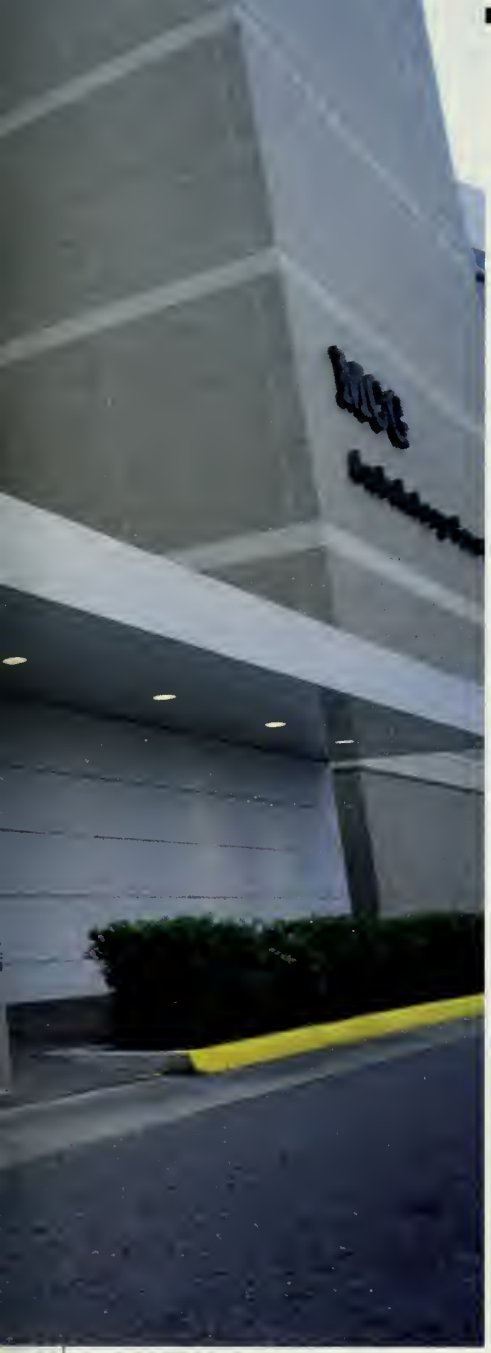
"The decision about whether a patient goes on transfusion is a clinical decision that involves a careful weighing of the risks and benefits involved," Dr. Adams said. He stressed the importance of specialized training in the use of transcranial Doppler in children with sickle cell disease and that two abnormal exams should be attained before treatment is considered. Also, transfusions should be given using matched red blood cells in a setting experienced in treating children with sickle cell disease. ■

—TONI BAKER

# Family Man

He describes as idyllic his beginnings in the small town of Easley, S.C., where people worked, laughed and prayed together. Louise J. and Wade A. Tollison were a young couple renting rooms in someone else's house when Joseph W. Tollison came into the world June 27, 1941.

His father was a gentle man who lived what he believed and taught by example. He owned a small dry-cleaning business where he worked hard to earn the 25 silver dollars he used to pay for his first-born's birth. "He said to the last day of his life that it was the single worst investment he ever made," the son said. His



mother, Louise, was—and is—a strong, intelligent, self-motivated woman who quietly helped her husband lay a foundation of support for their first child and for Ellen and David, who came later.

Joe Tollison didn't have to leave his hometown to find the essentials of his life. His family doctor was Anthony White, one of five who served Easley, a salt-of-the-earth kind of man who was committed to others. Joe Tollison tinkered with the idea of being a forest ranger—"No tree ever called you after midnight"—or a baseball player, but early on he wanted his work to make a real difference, like Dr. White's.

The other essential came even earlier, in fact on Joe Tollison's second birthday, when the same doctor who delivered him delivered Betty Browning. The two met when he was 16 and she was 14; they would never be in love with anyone except each other.

The man who for 15 years has been Chairman of the Medical College of Georgia Department of Family Medicine considers himself blessed in life, love and friendship, a state of mind that pervades even the tragic moments. Recently he reflected on the past and pondered his newest role, Deputy Executive Director of the American Board of Family Practice, which he assumed Jan. 1.

He's a grateful man who has tried to give back some of what he's gotten. As a boy he grew up in a home where he was empowered with love and support to be the best that he could be. As a man, he married a woman whose selfless support nurtured him and their children, Wade and Julie. As a Chairman, he has worked to provide a similar nurturing environment. "My style of leadership has been to try to give credit and take the blame and to truly enfranchise and empower people. [I've tried to] choose the best people, to build under them a floor of reasonable security and to tell them to be themselves, but to be their best selves. We all benefit that way," said Dr. Tollison, who joined MCG in 1976 as an Associate Professor, was named Acting Chairman in 1981 and Chairman in 1982.

The department was ailing when he came on board, with only a handful of faculty. He credits Dr. Fairfield Goodale, then Dean of the MCG School of Medicine, with recognizing the importance of family medicine and giving faculty the support to heal and build a department which celebrates its 25th anniversary this year.

Dr. Tollison's initiation as Chairman preceded today's national focus on family medicine and primary care. Indeed, many medical schools didn't even have family medicine departments at the time. In the technological boom years after World War II, primary care in this country took a back seat to specialization. But in the early 1990s, the United States realized that a national ratio of more than three specialists for every generalist was inadequate for prevention-based health care. Health sciences universities such as MCG began major initiatives to correct the imbalance. "I am grateful for what we have achieved in this country. I would not want to step back from it," Dr. Tollison said. "But, on the other hand, you want to avoid fragmentation. Every field is still critical to the ultimate outcome; no field should dominate. It's still a team effort. We all need to step back periodically and say, 'What's in the best interest of the American public?'"

Perhaps physicians, trained to care for the sick rather than define health care policy, didn't notice the fragmentation, or at least draw attention to it, soon enough, he said. So the business community filled the vacuum. "Mr. (Lee) Iaccoca is said to have found when he went to Chrysler that he was paying more for health care than for raw steel. If that's so, it's understandable to me why the business community is quite concerned about the expenses of their work force," Dr. Tollison said. "Obviously they are interested in the health of their work force because a healthy work force is a better work force."

The big bottom lines plainly tell the tale of something amiss when health care accounts for 14 percent of the U.S. gross national product—twice that of countries such as Japan and New Zealand, he said.

But he views managed care as an era whose time will pass, as an interim health care product. Americans want and demand a choice in their health care, he said, and the grumbling regarding the

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constraints of managed care already is very loud.

"We should end up instead with a balance of well-educated [generalists and specialists] who can provide the ultimate health care for the American public," he said. "I think there is a fiscal factor here, but that is not the driving force. The driving force to me is coordination of care, comprehensiveness of care and ensuring that the public's needs are met, across the board, as uniformly as can be. That, to me, requires a good primary-care physician, a family physician in many cases, to care for a significant degree of the population, regardless of gender, regardless of age, who knows when to [consult a subspecialist]."

That's where groups such as the American Board of Family Practice are headed as they meet with the country's 23 other specialty boards. "The issue is always to build bridges," Dr. Tollison said. "That will, if anything, be accelerated in the future."

His focus on these global issues began with his MCG chairmanship and has included his membership in:

- the Board of Directors of the Georgia Joint Board of Family Practice;
- the Board of Directors of the Society of Teachers of Family Medicine, where he received the 1995 Recognition Award for Outstanding Service to family medicine education;
- the Board of Directors of the Association of Departments of Family Medicine, first as a member-at-large, then as Secretary, President-Elect and President;
- the Residency Review Committee for Family Practice of the American Council on Graduate Medical Education.

He was elected to a five-year term on the Board of Directors of the American Board of Family Practice in 1992 and named President in 1996, a one-year term he was completing when offered a permanent position.

The decision to take the new job was painful, he said, but not difficult because of its potential. "It's not been a job for me here; it's been a passion. The truth is that my intent was to die with my boots on [at MCG]. But I am drawn to the challenge, the new opportunity, the new problems."

His parents taught him early that life is short and we are here to do our best. At age 27 in the fields of Vietnam, life reaffirmed that lesson. Dr. Tollison won't talk much about those days as a general medical officer in the U.S. Army or about the night death stared him in the eye. He already knew about loss by then; his father died of heart disease at age 52. "After that night in Vietnam, I saw that every day of life was a gift and, yes, there are problems, but you can begin your day and end your day knowing that day was a gift for which you have appreciation and responsibility."

His wife of 30 years was a constant reminder of that lesson as well. She had an unshakable faith in God and a selfless love; he calls himself her "home mission project. She made the world a better place," he said, realizing as he says it that when he talks about her, she almost sounds too good to be true, but promises that she was true.

The Tollisons needed all the faith and love between them when at age 47, Mrs. Tollison was diagnosed with a sarcoma of the uterus. She had a hysterectomy, but just over a year later, there were signs of the cancer in her lungs and elsewhere. Her battle took her through 20 series of chemotherapy.

Mrs. Tollison was a designer by vocation, a natural when it came to form and transformation. She turned the house they bought on the Savannah River into a friendly yet beautiful home. "She could look at a house and see the potential," he said. "Then she'd walk in and make it happen." But her life was her family, and to her last days, she would put on one of her hats and continue to live and love them.

In loving return, her children, Wade and Julie, put their lives on hold to provide hospice care for her last two months of life. "There is no greater gift our children could have given their mother... there is no greater gift to me," Dr. Tollison said. "There is nothing left. They have given the gift of their lifetime."

Mrs. Tollison died May 2, 1995, firm in her faith and reminding her family that life here is a small twinkle in a relative sense and that they must go on with their time here. "I think the hereafter will prove that she's the preeminent member of this team," he said.

As he prepares to go on with his life, he leaves Augusta thankful and eager. "There will be nothing left on the field of play. I am going to give them all I've got."

But a part of him always will be with MCG. In September, MCG established the Georgia Academy of Family Physicians' Joseph W. Tollison, M.D. Chair, a $1.1 million endowment to support the department and honor the man. ■

—TONI BAKER

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Our tax laws encourage your giving to charitable organizations like ours by permitting tax advantages for charitable gifts. Our tax laws also make sure Uncle Sam gets a share of the money you accumulate in your retirement plans. If after your lifetime you leave your remaining retirement funds to individual heirs other than your spouse, Uncle Sam's share can be hefty—as much as 75 percent or more with taxable estates of more than $3 million.

However, if you participate in a qualified retirement plan and are willing to share the undistributed accumulation with us, you can short-circuit a heavy tax burden—and be far more philanthropic than you may have ever supposed.

## Start by Checking Your Options

Qualified retirement plans are those eligible for special tax treatment. The most common types are these:

- Individual Retirement Accounts for your contributions and tax-free rollovers
- 401(k) plans for pre-tax voluntary employee contributions
- qualified pension plans for regular employer contributions
- qualified profit-sharing plans for flexible employer contributions based on company profits
- 403(b) plans (tax-sheltered annuity plans) for employees of public schools and non-profit organizations

Plans in which the retirement benefits do not have to be paid as an annuity offer the best potential for a charitable gift. (Commercial annuities are meant to be self-liquidating and thus leave little or nothing to share when payments cease.)

## Donate Assets that Avoid the Most Tax

Of course, your first obligation is to provide for yourself and family. To fulfill your charitable inclinations, professional advisors agree that undistributed assets in your qualified retirement plan are an ideal source for charitable giving. The reason: Since these assets re not reported on a decedent's final personal income tax return, they can be included in the gross income of the recipient. Leaving surplus retirement plan assets to individual heirs can incur combined income and estate taxes of as much as 75 percent or more.

However, a charitable bequest of the very same assets avoids this twofold taxation.

Moreover, retirement plan assets are typically the largest source of income in respect of a decedent (IRD) in your estate—the kind of assets that cause your estate and your heirs a tax headache.

IRD is the tax law term covering any asset subject to income taxes after death, assets like unpaid wages and bonuses. Your surplus retirement funds represent deferred income that has to be distributed and taxed to someone. However, because our organization is tax-exempt, when left to us, those assets may never be taxed.

Your heirs may also prefer that you fulfill a bequest to us using IRD assets and leave non-IRD property to them, thereby preserving more of your estate. Otherwise, the tax on the IRD items decreases the estate that ultimately passes to your loved ones.

## Choose How You'll Accomplish Your Gift

To direct your surplus retirement assets to us after your lifetime, you can (1) name us as the beneficiary on the plan's beneficiary designation form, or (2) bequeath the assets to us in your will.

Naming us the beneficiary is the simple way. A bequest by will requires special care since the wording must be drafted with precision to avoid adverse tax consequences.

If you want to split benefits among your heirs and us, consider giving us a percentage of your retirement assets. If nccessary, a brief amendment or codicil to your will can be signed to implement a charitable bequest or to coordinate your current will with your beneficiary designation form.

Another choice is to leave the assets to a charitable trust, designed to pay an income to a loved one for life and the remainder to us thereafter. Life insurance can be incorporated to replace for your heirs the assets ultimately passing to us from the trust.

Regardless of the approach you take, remember your spouse may have special rights. Most qualified plans require a spouse's written approval of a different beneficiary. When a spouse should be the primary beneficiary, we can still be named as either successor or contingent beneficiary.

As an alternative, married couples can postpone the twofold taxation by transferring retirement assets to an IRA for the surviving spouse and claiming the estate tax marital deduction. In that case, it may be preferable to designate us as beneficiary of the survivor's retirement account.

## Use Professional Assistance

To be sure you are making the most appropriate arrangements for yourself, your loved ones and us, work with knowledgeable advisors. Your estate planning attorney should be involved. Many CPAs, tax and financial advisors have special computer programs for projecting growth in and distributions from your retirement account. This service, tailored to your situation, can be especially helpful.

Feel free to ask for our assistance as well, and please advise us of how we are included in your final plans.*

—BRUCE HOWERTON

* This information is not intended as legal advice. For legal advice, please consult an attorney.

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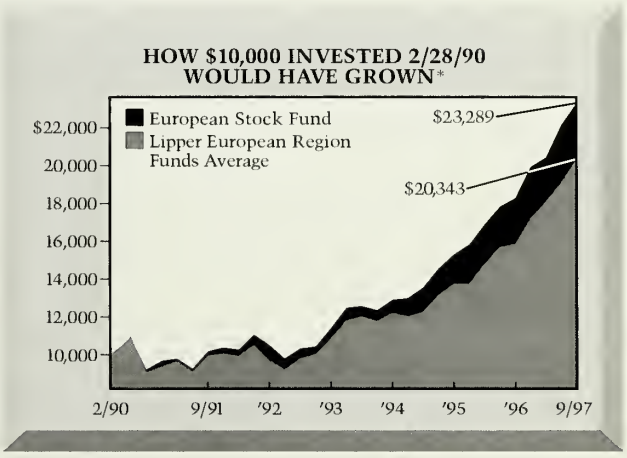


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